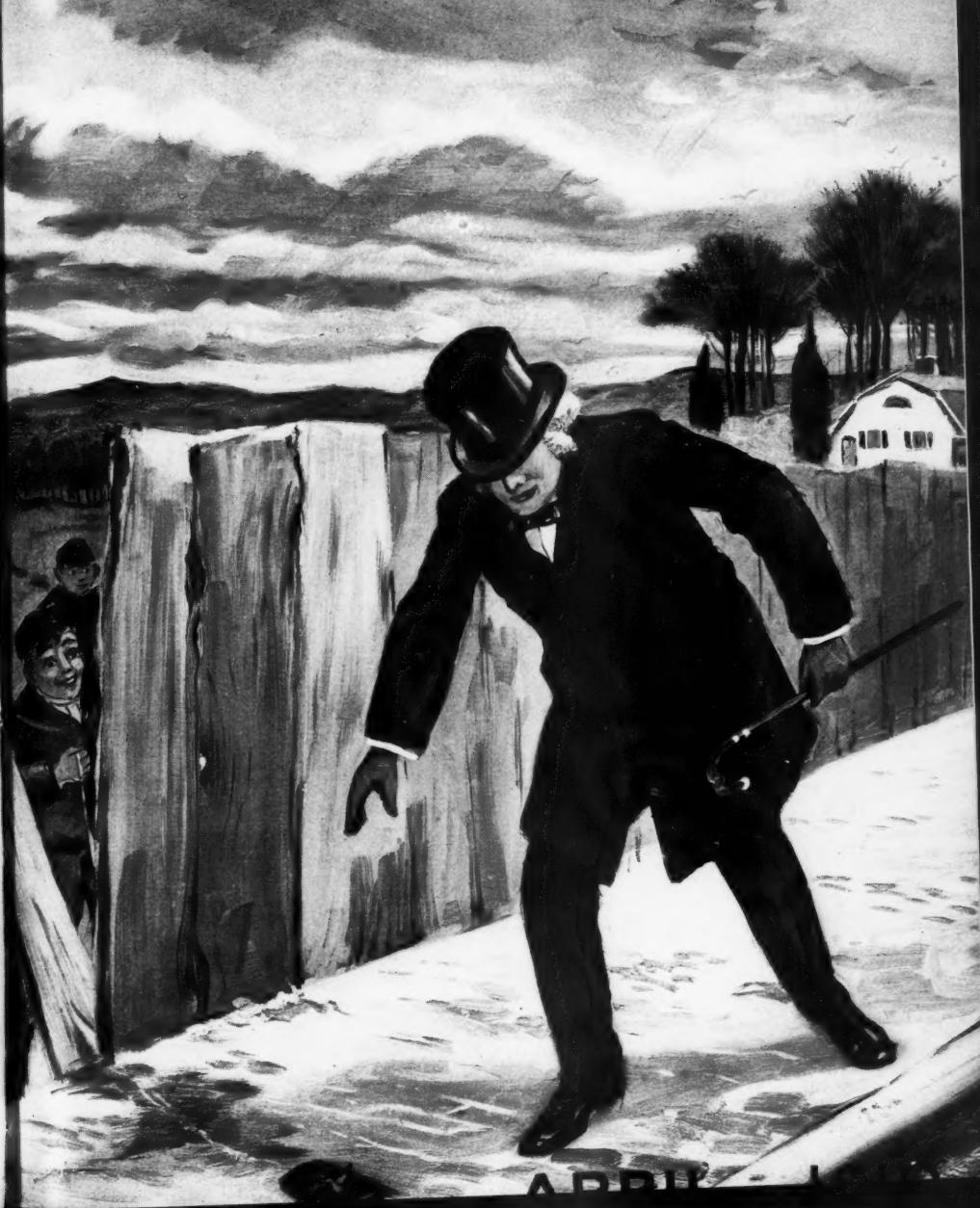


THE DENTAL DIGEST

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GEORGE WOOD CLAPP, D.D.S.
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APRIL 1920

PARKER C. MCILHINEY, A.M., PH.D.
CONSULTING CHEMIST
7 EAST 42D STREET
NEW YORK

Gentlemen:

I have made a careful examination of Colgate's Ribbon Dental Cream, purchased in the open market, and find that it is aseptic and also has pronounced anti-septic and disinfectant properties, and effectually checks the growth of bacteria.

I have compared it with several other widely advertised dentifrices, also purchased in the open market, and find that in freedom from gritty substances it is unexcelled, while others scratch polished gold seriously.

Respectfully submitted,
PARKER C. MCILHINEY.

Dec. 30, 1909.



Save the teeth of your little patients by prescribing the efficient dentifrice that is free from gritty substances.

The preventive dentistry of Children's teeth finds an important aid in Colgate's harmless cleanser.

Colgate's cleans and polishes enamel, neutralizes the acids formed by the breaking down of sugar and starch remnants, and attenuates or destroys disease germs.

Its virtues are not lessened by its delicious flavor, which wins the children to use it regularly. Your success with a child makes patients of its parents and friends.

For your own use and information send us your card for a free sample of

Colgate's Ribbon Dental Cream

Colgate & Co., Dept. 21, 55 John Street, N. Y.

THE DENTAL DIGEST

GEORGE WOOD CLAPP, D.D.S., Editor

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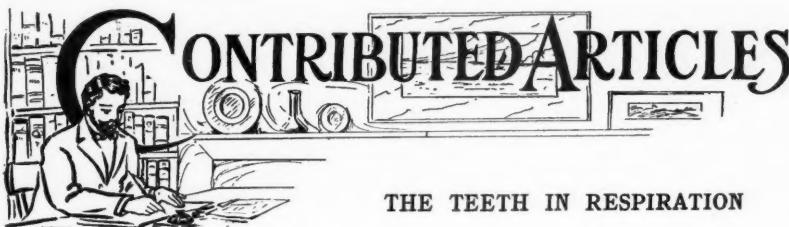
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Vol. XVI

APRIL, 1910

No. 4



THE TEETH IN RESPIRATION

BY FREDERICK LESTER STANTON, D.D.S., New York.

The information in this paper is of the greatest value to every one of us who has charge of even one human mouth. It is what might be called "basic information." It doesn't give us the technic of any single operation, but it underlies hundreds of operations. It may not be easy to get out. Ruskin says of nature that she "hides the gold away in the rocks and crannies of the earth, no one knows where," and adds that you must dig if you would get it. So here. When you have read this paper enough times to get the relations between normal respiration and normal cranial, facial and thoracic formations, to say nothing of health of tissues, you will be glad that you dug out this nugget of dental gold.—EDITOR.

FIRST PRIZE ARTICLE

PALeONTOLOGY beautifully displays the gradual modifications of parts through long geologic ages towards given ideals of mechanical perfection.

To study the functions of an organ we must understand its evolu-

tion and show the relation of its structures to a function of motion. Function is the origin of structure. It is the habit that has given use to the structures of animals and not the structures that have forced animals to adopt their habits. The teeth and other hard structures of the body have been called into existence by mechanical stress. So in order to understand the changes that occur in abnormal breathing, we must know the normal action of the teeth and muscles in normal respiration, and must study the altered mechanics of the abnormal muscular



FIG. 1, showing wide expanse of zygoma due to large temporal muscles of the carnivora.

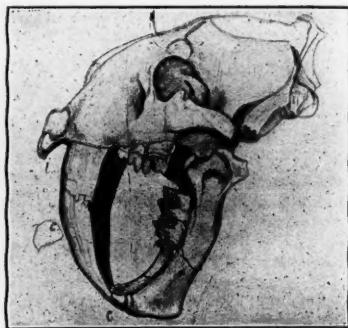


FIG. 2 shows the enlarged sagittal crest for attachment of the temporal muscles in the saber tooth tiger.

pull on the bones of the face when mouth breathing is resorted to. Bone tissue is plastic, especially living bone, and in time yields and moulds itself in response to resisting forces. In a living tissue like bone the effect of the application of energy is evidently much greater than upon a non-living body. The metabolism of nutrition is clearly a most important factor in the production of the results, rendering the transfer and location of building material possible which unassisted impacts and strains could not accomplish.

Pathology also abounds in illustrations of the determination of nutrition in new localities to meet the exigencies and demands arising from new stimuli.

The mechanical effect of flexure produced segmentation of the vertebral column.

In the evolution of the structures of the limbs of mammals there is a great variation in the proportion of the parts of these limbs. Compare man, horse, whale and bat. Loss of articular condyles from disuse of the articulation. A segment of a limb may be shortened by a

transfer of its function to some other segment. Muscular insertions have been enlarged or diminished directly as the use of the muscles inserted, as in the enormously developed insertions of the humerus of mammals which dig. The size of the temporal muscle determines the expanse of the zygoma and presence or absence of the sagittal crest. Where there is lateral movement of the jaws, the temporals are inversely as the extent of the lateral excursion of the jaws; hence, these



FIG. 3 shows the sagittal crest well developed and the wide expanse of the zygoma and the influence of brachycephaly.

muscles are diminished in ruminants and are widely separated, but the pterygoids and their osseous insertions are enlarged.

In biological growth identical causes produce identical results. The same structures appear in distinct phyla which are subjected to the same mechanical conditions. Examples: Identical modifications of the form and development of the crests of the skull, under identical conditions of use of the canine teeth for defense in all the orders where the latter are developed (Fig. 3). Identical modifications of dental cusps into longitudinal V's and crescents under transverse thrusts in several orders, and into transverse crescents under longitudinal thrusts as in the multituberculata.

Different structures appear in different parts of the skeleton of the same individual animal in direct correspondence with the different mechanical conditions to which these parts have been subjected. Example: Diverse modification of the articulations of the limbs in consequence of the uses to which they have been put, in mammals which excavate the earth with one pair of limbs only. The reduction of the number of digits of posterior limb only when this is extensively used

for rapid progression as in leaping—kangaroo, etc. At this point it might be well to note the fact that the mechanical evolution of the teeth and bones of the head has proceeded along two lines even in the same



FIG. 4 shows two fairly typical skulls. Normal dental arches. Shows influence of brachycephaly and dolichocephaly.

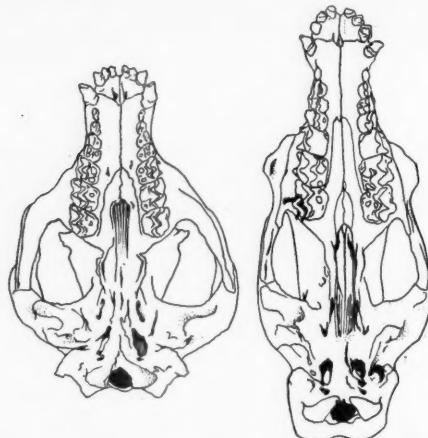


FIG. 5.—Two skulls of the same order. Showing influence of dolichocephaly and brachycephaly.

orders, and this harmony of type between the bones of the head, shape of the dental arches and the teeth is found in all animals and also in man. I refer to the influence of dolichocephaly and brachycephaly.

Changes of structure seem to take place in response to three kinds of motion—friction, pressure and stress. In observing living animals, explanation of puzzling structures has been found in some peculiar habitual motion which they have exhibited. In the evolution of the alveolus we have a striking example of the development of bone in re-

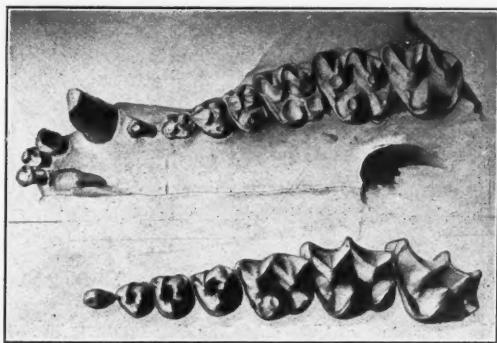


FIG. 6 shows influence of dolichocephaly and brachycephaly upon the teeth of animals of the same order. Note in the upper part of the picture the increased width of the contact point and the shortening and broadening of the crowns of the teeth, characteristic of brachycephaly. Attention is again called to illustration No. 3, the middle skull on the right showing extreme brachycephaly.

sponse to a mechanical stimulus. A non-calcified tissue held the first teeth in place and in evolution as the demands for firmer attachment became necessary, bone was thrown up on the maxillary bones in response to this stimulus and eventually we have alveolus surrounding the teeth.

The study of the development of the alveolar process, in the process of evolution, as recorded in comparative anatomy, would furnish material for a paper in itself, and can only be mentioned here to emphasize the phylogenetic fact—that the tooth was first and bone was developed later to support it, and the arrangement of the bone has been carried out with reference to the forces to which the teeth are subjected in use. If we examine the adult alveolar process it is apparent that the bone is arranged so as to give the greatest support, with the least possible bulk, and where there is an increase in bulk it is to meet some special force. The work of Wolkoff on anthropoid apes shows that even the direction of the plates of the cancellous bone is arranged to support the strains to which the surface of the bone is subjected, by the action of muscles, the force of mastication, etc.

The evolution of the mammalian molar from the simple cone has

been due to the mechanical stress to which it has been subjected. Molar teeth in widely separated parts of the world, in Switzerland, Wyoming and Patagonia paleontologically are found independently developing in exactly the same ways. In other words, similar environment produces the exact changes in evolution of the teeth. In contradistinction where members of the same order have been separated, subjected to different food for a long period, we have dissimilar evolution in the molars, in one case carnivorous and the other herbivorous teeth. In the incisors of the rodentia it is probable that the severe stress to which they were subjected were the initiatory force in causing them



FIG. 7 represents the occlusion of the teeth, and it is to be noted how the teeth at either end of the molar series are inclined to meet the forces of an occlusion sliding backward and forward; also note the deposition of bone where increased strength is necessary for the support of the teeth.

to assume their present forms. Such forms as were best adapted to resist the greatest strains without breaking.

The teeth differ from all the other tissues and organs of the body in being preformed beneath the gum. Unlike all other organs they are not modified, improved or rendered more adaptive by use; on the contrary, after the first stage of wear the longer they are used the more useless and less adaptive they become. Thus new structures in the teeth do not first appear as modifications (as distinguished from congenital variations) in course of life, as is so often, if not invariably, the case with new structures in the skeleton. New cusps, folds, crests and styles are invariably congenital.

As regards the skull, the processes of growth are very complicated. Without entering into minute details, it may be stated that the prin-

cipal general changes which the skull undergoes in its post-natal development are (1) a relative elongation of its anterior portion, and (2) an increase in the relative height of the superior maxillæ.

If a line be drawn between the central points of the occipital condyles, it will divide the base of the skull into two portions, which in



FIG. 8.—The photograph of the skull at birth and the adult skull showing the relative size of the cranial and facial regions.

the child's skull are equal in length. The portion of the skull in front of a similar line in the adult skull is very much greater than that which lies behind, the proportion between the two parts being 5:3 against 3:3 in the child (Froriep). Fig. 8. There has, therefore, been a decidedly more rapid growth of the anterior portion of the skull, a growth which is associated with a corresponding increase in the dorsoventral dimensions of the superior maxillæ. These bones, indeed, play a very important part in determining the proportions of the skull at different periods. They are so intimately associated with the cranial portions of the skull that their increase necessitates a corresponding increase in the anterior part of the cranium, and their increase in this direction stands in relation to the development of the teeth, the eight teeth which are developed in each maxilla (including the premaxilla) in the adult requiring a longer bone than do the five teeth of the primary dentition, these again requiring a greater length when completely developed than they do in their immature condition in the new-born child.

But far more striking than the differences just described is that in the relative height of the cranial and facial regions. It has been estimated that the volumes of the two portions have a ratio of 8:1 in the new-born child, 4:1 at five years of age, and 2:1 in the adult

skull (Froriep), and these differences are due principally to changes in the vertical dimensions of the superior maxillæ. As with the increase in length, the increase now in consideration is, to a certain extent at least, associated with the development of the teeth, these structures calling into existence the alveolar processs. But a more important factor is the development in the maxillæ of the antra of Highmore, the practically solid bodies of the bones becoming transformed into hollow shells.

These changes in the proportions of the skull have, of course, much to do with the changes in the general proportions of the face. But the changes which take place in the mandible are also important in this connection, and are similar to those of the maxillæ in being associated with the development of the teeth. In the new-born child the horizontal ramus is proportionately shorter than in the adult, while the vertical ramus is very short and joins the horizontal one at an obtuse angle. The development of the teeth of the primary dentition, and later of the three molars, necessitates an elongation of the horizontal ramus equivalent to that occurring in the maxillæ, and at the same time, the separation of the alveolar borders of the two bones requires an elongation of the vertical ramus if the condyle is to preserve its contact with the glenoid fossa, and this again, demands a diminution of the angle at which the rami join if the teeth of the two jaws are to be in proper apposition.

So the development of the bones of the face is dependent on the eruption of the teeth and their subsequent use, upon the normal use of the nose in breathing and upon the anterior development of the cranium. The teeth, we have noted, are preformed in the gums. Their size and form represent the true evolution of the individual. Adverse environmental conditions cannot change the teeth but can act only upon the surrounding tissue. A slight change in the surrounding bone structure may produce mal-locking teeth, which in itself becomes an instrument to modify the bone and further unbalance the forces of development. The form and size of the teeth are such that they are in harmony with the bones of the face that nature has intended the individual to have. They are so formed and arranged as to best resist the strain to which they would in normal occlusion be subjected. Any change in the bone that disarranges the positions of the teeth, disarranges the mechanics of occlusion, which in turn is reciprocated into the developing bones and results in entirely different bony structures than were intended.

(To be continued in May issue)

THE MECHANICAL SIDE OF ANATOMICAL ARTICULATION
(Continued)

BY GEORGE WOOD CLAPP, D.D.S., NEW YORK.

(Fifth Article)

Synopsis of previous articles:—The visible characteristics of anatomical articulation in natural dentures have been outlined as well as those features of it which may be reproduced in artificial dentures. The successive steps in proper bite-making have been considered. The "occlusal plane" of the bites has been determined; the bites have been built to correct heights and fullness and have been marked for the sizes of the teeth. The teeth indicated for the case have been selected and laid aside till the time for their setting.

THE USE OF THE FACE BOW.

As one progresses in the practice of anatomical articulation he realizes more and more the necessity of accuracy at each step. For one step falsely made, may defeat the greatest care at all other points.

Models can be accurately mounted on the articulator by only one means; that is the use of the Snow Face Bow. While the distance from the condyle to the incisal edges of the lower centrals at the median line may average four inches, it varies in practice from $3\frac{1}{2}$ to $4\frac{1}{2}$ inches. Without entering into the mathematics of the effects of such varying distances, it may be said that it is well worth the necessary trouble to mount the models on the articulator in such a way as to reproduce the incisor-to-condyle distance peculiar to the case in hand.

Probably more dentures exhibit faulty articulation in the mouth because of the models having been incorrectly set on the articulator than from any other cause. For dentures set to articulate at one distance from the joint will not articulate at a greater or lesser distance, as illustration No. 31 shows.*

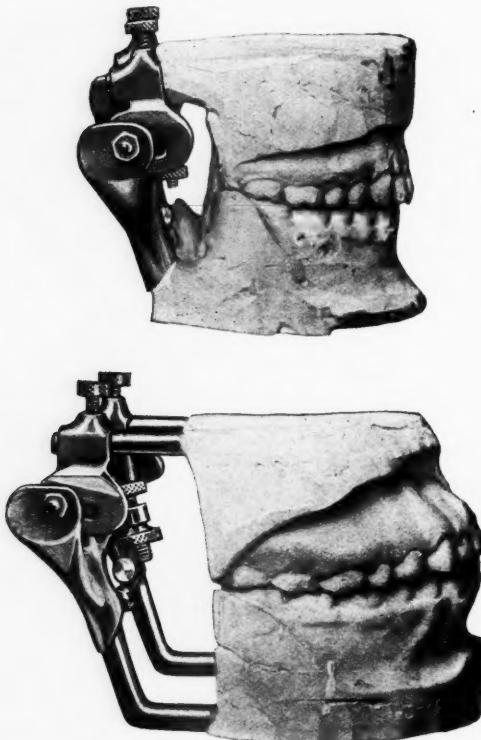
There is scarcely a probability of the models being placed on the articulator by chance so as to reproduce the condyle-to-incisor distance peculiar to that patient. Unless that distance is correctly reproduced, the dentures articulated on the models thus placed will not articulate in the mouth. Either the molars will strike too soon or not soon enough, necessitating ruinous grinding or tedious resetting.

Many articulation failures can be avoided by accuracy at this point.

* From Gysi, *Cosmos*, February, 1910.

This applies as strongly to dentures articulated in the common way as to those articulated anatomically.

With both bites in the mouth, the closure of the jaws in proper relations is secured by any method satisfactory to the operator. The bites



No. 30.—Models of two natural dentures showing wide variation in the incisor-to-condyle distance. In the upper model this distance is $3\frac{1}{2}$ inches. In the lower, it is $4\frac{1}{2}$ inches. For the significance of this variation, see Illustration No. 31.*

are then sealed together with a hot spatula, so that they may be handled as one,† and in this condition are taken from the mouth. The models are placed in their respective bites.

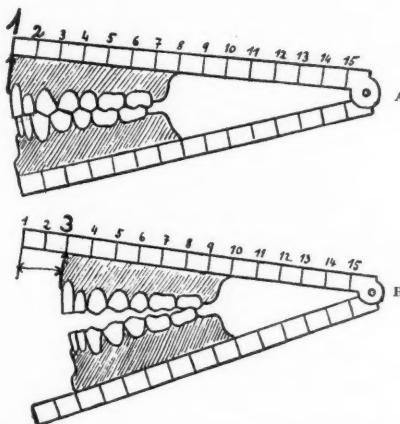
One portion of the Snow Face Bow consists of a straight cylindrical

* Published by the courtesy of Dr. George B. Snow.

† Or continuous vertical marks may be made across both bites so that they may be replaced in proper relations to each other after removing from the mouth. They may then be removed, placed in proper relations and sealed.

rod with a flat curved piece across the end;* this entire piece is known as "the mouth piece." The flat curved cross part is now heated to a temperature which readily softens wax and is inserted deeply into the labial surface of the upper bite as nearly like illustration No. 32 as possible.

It will be noticed that the stem of the mouth piece† is parallel with the occlusal plane of the bites. It also projects forward as a continua-



No. 31.—Upper half models attached to articulator with too great incisor-to-condyle distance and teeth articulated.

Lower half. The dentures, articulated as above, are put into the mouth. Only the molars strike. Such "guess-work" attachment of models to articulators accounts for many articulation failures.‡

tion of the median line. Care must be exercised to see that this mouth piece is firmly seated, so that the bites may be handled by it, without loosening. In cases where it is difficult to seat it firmly in the manner shown here, it should be seated as well as may be and additional wax flowed about it.

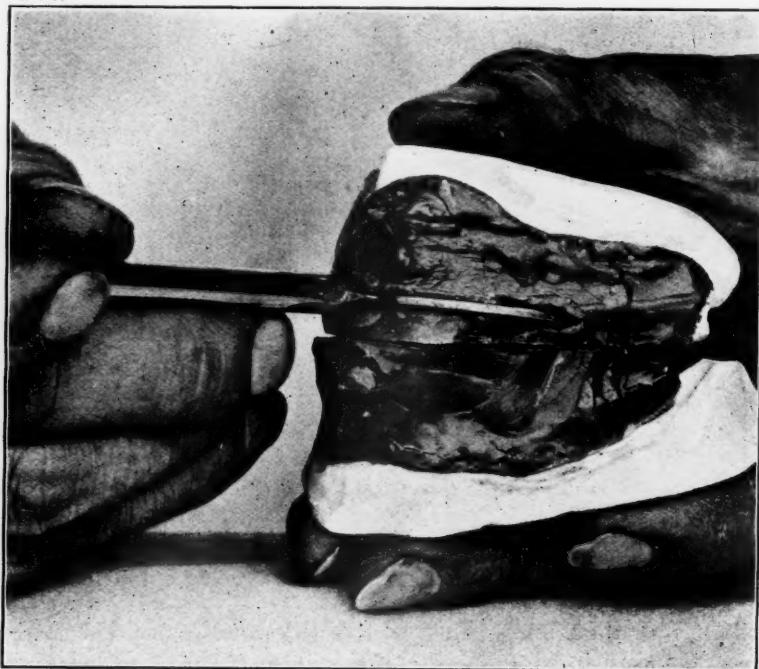
The bites, still fastened together and with the mouth piece attached, are laid aside while preparations are made for using the rest of the face bow. Place the finger on the side of the face and locate the head of each condyle. Perhaps this can be best done by having the patient depress

* When this article was written, the form of the mouth piece in common use for this work was as described here. Since then another form has been introduced; literature making plain its use accompanies each face bow.

† Held in the right hand.

‡ Reproduced from *The Dental Cosmos* for February, 1910, in which Dr. Gysi continues a most valuable series of articles on "The Problem of Articulation."

the mandible so that the finger sinks into the depression left behind the condyle as it moves forward. By having the jaw slowly closed, the return of the mandible to the position of rest can be followed and the head of the mandible located. It will usually be found about 10 mm. in front of the tragus of the ear and on a line toward the outer corner



No. 32.—Trimmed bites held on models and mouth piece of face bow firmly seated parallel with occlusal plane of bites.

of the eye.* When located, mark the skin over each condyle with a lead-pencil or chalk, so that the marks are plainly visible.

Put the bites, still fastened together, into the mouth and have the jaws closed into them. The stem of the mouth piece should then project forward in the median line.

The face bow presents, on either end, a sliding pointer with a clamping nut which locks it. From the central portion of the bow swings a swivel clamp pierced by a hole for the stem of the mouth piece. This swivel clamp swings freely when the set screw is loosened.

* Gysi, *Cosmos*, January, 1910.

Loosen the clamping nuts which fasten the pointers, and slide the pointers outward. With one end of the face bow in either hand and the bow projecting forward, pass the hole in the swivel clamp over the pro-



No. 38.—Face bow in position on patient's face. Prothero attachment on face bow to assist in proper adjustment. Bites in mouth with T piece projecting through swivel clamp on face bow.

jecting stem of the mouth piece and place one pointer over each mark locating the head of the condyle. Press the pointers in firmly against the face, and move the bow to either side until the same number of marks on the pointers show between the frame of the bow and the face on both sides. This done, lock the clamping nut about each pointer. Support the back end of the face bow with one hand in such a way that

neither pointer can move from its proper location over the head of the condyle.

Then lock most firmly the swivel clamp about the stem of the mouth piece. This renders into one, for all practical purposes, the face bow, the mouth piece and the attached bite.

Or the clamping screw may be given in charge of the patient, with directions to tighten it at the proper time. Then both hands of the operator will be free to adjust the pointers over the condyles. (After the patient has tightened the clamping screw, it is well for the operator to assure himself that it is tight enough.)

To overcome the difficulties which some meet in properly placing the face bow, Dr. J. H. Prothero devised an attachment for each of its extremities which facilitates proper placing. The attachment has a sliding rod to enter the external opening of each ear, and screws by which the pointers of the face bow may be raised and lowered, and moved forward and back.

The face bow, with the Prothero attachment, properly adjusted to the patient's face, may be seen in illustration No. 33.

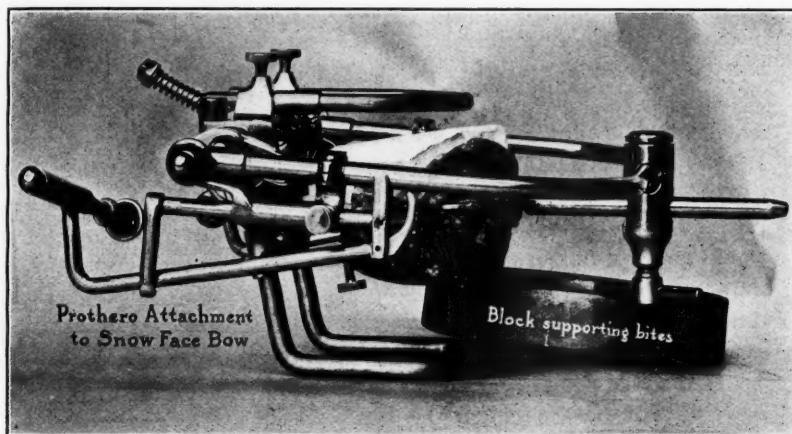
When the swivel clamp has been locked in place, fastening the bites immovably to the face bow, the clamping nut about each pointer should be loosened, the pointer moved outward, and face bow and bites removed as one.

The articulator may be quite simply prepared for mounting the models. If, at some convenient place in a bench, a nail be driven part way in and then bent over in such a way that the lower bow of the articulator slides under it and is thereby held close to the bench, the handling of the articulator will be made easier. By means of the set screw, adjust the model bows of the articulator so that they are parallel. Slide the lower bow under the nail referred to and throw the upper model bow back. The pointers of the face bow should be pushed in as far as possible and firmly locked. In the inner end of each pointer is a recess which fits over a pin projecting from the outer framework of the articulator joint. The face bow should be spread a little and the recesses placed over the pins just mentioned. The face bow will then be held in the proper lateral position.

The bites should now be placed so that the occlusal surface is parallel with the lower model bow. If the steps so far described have been properly taken, it is necessary only to move the face bow up or down until the stem of the mouth piece is parallel with the surface of the table. The model bow is parallel to the surface of the table; the stem of the mouth piece is parallel to the occlusal plane of the bite. By means of a prop, the face bow is held in the position just described.

To mount the upper model, place it in its proper bite, bring the upper model bow forward above it, and push the movable sleeve on the model bow back against the framework of the articulator. Attach with plaster in the usual way, enclosing the forward end of the sleeve in the plaster.

To mount the lower model after the upper model is set, and the plaster hardened, invert the articulator, face bow and bites. Place the



No. 34.—Face bow and properly articulated bites mounted on articulator ready for attaching models to articulator bows.

lower model in its bite, bring the model bow to position above it and attach with plaster in the usual way. Carry the plaster up at the heel in such a way as to include the framework of the articulator. It will then be a guide in replacing the bow should it be removed. Carve out the plaster which forms the center of the lower model, leaving the ridge supported by the plaster above the bow. This permits much better access to the lingual surfaces of the bites and teeth.

The face bow and mouth piece may be removed, leaving the models attached to the articulator in positions which reproduce any peculiarities of the case. The importance of such model mounting has been mentioned, but it is worthy of mention again. Whether or not the dentures are to be anatomically articulated, the models should be mounted in this manner. And it is probably true that unless they are mounted thus accurately, they cannot be articulated on the models to give satisfactory results in the mouth.

(*The next article in this series is expected to appear in the May issue.*)

AN ANNOUNCEMENT TO THE DENTAL PROFESSION

BY J. LEON WILLIAMS, D.D.S., LONDON, ENGLAND

IT is now very generally known throughout the dental profession that I have, during the past three years, been engaged in an effort to secure greatly needed improvements in artificial teeth. This effort began with a series of letters in "*Items of Interest*" calling attention to the grave defects in artificial teeth, as now made and the impossibility of producing dentures with these teeth having any satisfactory degree of esthetic merit or efficiency in mastication. These published letters were supplemented by much private correspondence with those known to be most interested in the subject. The first result of the effort was the action of a considerable number of Societies and Organizations in different parts of the world in passing resolutions calling on the manufacturers of artificial teeth to take this business seriously in hand. But, as nothing of importance followed the action of these Societies, it became evident that some more positive and determined effort would have to be made to secure this greatly needed reform. Our greatest difficulty in this matter has always been that there was no individual through whom the united voice of the profession could be concentrated on the manufacturers. There was no one empowered to speak with authority. This was the situation when I came to America last October in the confident belief that our profession was strong in its desire to see this reform effected, and firm in my determination to see this work through to a completely successful ending. I have spent four months in the preliminary stages of the final part of this work, and although I was, from the first, confident of adequate support in this preliminary work, I have been surprised and highly gratified at the enthusiasm and unanimity of this support. From no quarter, so far as I know, has there come a single dissentient voice.

I have exhibited the plaster models of the five full sets of teeth which I have carved from typal sets of natural teeth and articulated anatomically in perfect imitation of nature by means of certain scientific methods which I have devised. Wherever these models have been shown, the instant and enthusiastic response has been, "This is what we want; this is what we have long been waiting for."

The Institute of Dental Pedagogics, representing nearly all of the dental colleges in the United States and Canada, at its recent annual meeting at Toronto, issued a unanimous and emphatic resolution, which was subsequently signed by most of the members, endorsing my work and asking the manufacturers to take it up and proceed with it as rap-

idly as possible. Similar action has been taken by other organizations.

I have shown my work to most of the leading manufacturers of artificial teeth in America, and I attempted to induce them to come to some agreement with each other in an arrangement to produce this new work simultaneously. I regret to say that I failed in this effort for I think this would have been much the best plan for all concerned.

But one of the largest manufacturing companies in the world has now taken up this work and the first moulds are well in hand. My chief purpose in issuing this communication is to make a brief statement of my plans, and to ask all who have assisted me, and all who are interested in this work (and that, surely, must mean every member of our profession) to be patient while waiting for the production of the moulds of the new system, and to loyally maintain the cordial and enthusiastic attitude that they have shown me during my recent tour.

A great work is started now, a work that the profession has desired to see inaugurated from the time Dr. Bonwill raised the first strong voice in a call for this reform down to the present time. All that is needed now is the cordial and loyal support of all, and we shall have results worthy of a scientific body of men and, as Dr. Wilson, of Cleveland, has expressed the situation in a recent letter to me, "dental prosthesis will enter on a new era."

My present plans are to have three or four moulds of full sets of teeth produced as quickly as possible. These first teeth will be for vulcanite work, and will also embrace one or more moulds for the new pattern teeth which I have devised for plate work and for crown and bridge work. We expect that these new models will be at least 50 per cent. stronger than any porcelain teeth before produced, and they will be issued in an interchangeable system which will allow the dentist to pass the porcelain teeth through the fire or not, as he may choose. When these few sets are ready for delivery, specimens will be sent to many of the best known specialists in dental prosthesis in all parts of the world. They will be asked to experiment fully and freely with the new teeth, and to offer any suggestions or criticisms that may occur to them. By proceeding in this way we shall be sure that the final result will embody all that the best intelligence of the profession has to offer, combined with the most up-to-date skill and science on the part of the manufacturer, for the production of the most perfect porcelain teeth that can be made. Every suggestion offered will have due consideration, and the profession shall have exactly what the consensus of the best knowledge demands. This has never before been possible in the history of dentistry.

When we are satisfied that the new teeth are as perfect as they can

be produced, the entire series of moulds will be issued as rapidly as possible, but the teeth will not be offered for sale until the first series is complete. This first series will consist of seven types of teeth with four sizes to each type. The issuing of typal forms of teeth in a sufficient number of sizes (these different sizes all being exact duplicates as to *type or shape*) to meet all possible demands, has never before been attempted, but the great advantages of such a method are too obvious to need comment.

I have no doubt about this first series alone covering the entire field of demands far more perfectly than all the models at present in use.

I regret that it has been found impossible to prepare a sufficient number of moulds to adequately represent these new teeth before the first of May, and I am therefore reluctantly compelled to postpone all engagements made to read papers or give demonstrations before that date. But I am sure the many societies from which I have received invitations to speak on this subject will understand perfectly the importance of being able to adequately demonstrate the great range of superiority of the new teeth at the time of their first presentation. The recent experience of one of the foremost men in our profession in bringing out a very valuable appliance has demonstrated the imprudence of the premature introduction of any important invention. The greater the elements of success in any invention or movement, the more certain that it will be speedily followed by imitation, and it is hardly in the nature of things that imitations should reach the standard of excellence of the originals.

My strongest desire in this matter is that from this time forward this movement should be an emphatic expression of the desires and activities of the whole profession. The present gratifying position of advance in this work has only been reached as the result of arduous and persistent efforts. It has been necessary to face many discouragements and overcome many difficulties. There would perhaps be no reasons for mentioning this were it not to emphasize the fact that it is simply impossible for any one person to reach the highest degree of success obtainable in this work. That can only be done by the united efforts of many from this time forward. We must have the concentration of the entire profession on this movement if the greatest benefits possible are to be realized. I have cleared away all of the initial difficulties, and I am prepared to devote as much of my time as may be necessary to the completion of this work, but I need the loyal support of all, and such suggestions and assistance as can be rendered by those who have given most study to the subject. Only a comparatively small minority seems aware of the great possibilities of the beautiful art-science of prosthetic den-

tistry, but any one can see the present deplorable condition of this branch of our calling, and all must sincerely desire to see it remedied. The opportunity is now before us of making an advance of fifty years at a single step, and, in my judgment, nothing is more certain than that the public will give instant recognition to this advance, and prove it by their willingness to render fees commensurate with the great benefits which they will receive.

I am sure it will be a source of life-long gratification to all who contribute in any way towards the success of a movement destined to benefit the profession and the public through all the ages to come.

The instalment of the Report of the Proposed Dental Educational and Hygienic Work in the Cleveland Public Schools, which was to appear in this issue is withheld to afford space to the Report of the Opening of the National Campaign on Oral Hygiene at Cleveland, March 18, 1910.

The delayed instalment is expected to appear next month.

A STUDY OF MALNUTRITION IN THE SCHOOL CHILD: BY E. MATHER SILL, M.D., New York, N. Y.— * * * One thousand other children in the primary schools, in the Jewish quarter on the East Side were examined by me. Of these 40 per cent. were found to be poorly nourished, under weight and more or less anemic. These were, therefore, malnutrition cases. These children were from six to twelve years of age. Eighty-six per cent. had dental caries, 90 per cent. had adenoids, 40 per cent. had hypertrophied tonsils, 6.5 per cent. had defective hearing, 10 per cent. had defective vision, 4.5 per cent. had tuberculous lymph nodes of the neck, 1 per cent. had pulmonary disease, 0.4 per cent. had cardiac disease, 0.8 per cent. had chorea.

It will be seen that a very high percentage of these children had dental caries, and I believe we should put down this as one of the causative factors in malnutrition, since bad teeth mean improperly masticated food and disordered digestion, and painful teeth cause anorexia.

My statistics would show, then, that there are approximately 1,472,895 ill-nourished school children in the cities of the United States.—*The Dental Summary.*

**OPENING OF THE NATIONAL CAMPAIGN ON ORAL HYGIENE
AT CLEVELAND MARCH 18TH, 1910**

This opening, which doubtless marks the beginning of nation-wide activity, impressed itself upon all observers as one of the biggest events in recent dental history. Here dentistry rose to her own. She assumed her rightful position as Guardian of the Portal of the Body. She took her proper place not merely as the filler of cavities and stopper of aches, but as that profession which, of right, presides over the apparatus for, and the functions of, Mastication and Speech and Facial Appearance. Dependent on these three great master functions are digestion, assimilation, health, efficiency, enunciation and pleasure.

The South and parts of the West are already afire with this new spirit of proper activity. Continued judicious activity along these lines is to make many changes for dentists and dentistry in the near future.—EDITOR.

FRIDAY MORNING, MARCH 18, 10 A. M.

THE DEDICATION AND FORMAL OPENING OF CLINICS.

Members of the National Committee Dedicating Clinics.

MARION SCHOOL.

DR. J. P. CORLEY.....Greensboro, Ala.

STANDARD SCHOOL.

DR. RICHARD GRADY.....Annapolis, Md.

SACKETT SCHOOL.

DR. PAUL G. WHITE.....Boston, Mass.

LAWN SCHOOL.

DR. E. P. DAMERON.....St. Louis, Mo.

ST. ALEXIS HOSPITAL.

DR. W. A. WHITE.....Phelps, N. Y.

CITY CLINIC.

DR. BURTON LEE THORPE.....St. Louis, Mo.

Members of the Cleveland Dental Society Committee Opening Clinics.

MARION SCHOOL.

DR. J. R. OWENS.....Cleveland, Ohio.

STANDARD SCHOOL.

DR. WESTON A. PRICE.....Cleveland, Ohio.

SACKETT SCHOOL.

DR. FRANK ACKER.....Cleveland, Ohio.

LAWN SCHOOL.

DR. H. R. C. WILSON.....Cleveland, Ohio.

ST. ALEXIS HOSPITAL.

DR. W. T. JACKMAN.....Cleveland, Ohio.

CITY CLINIC.

DR. W. G. EBERSOLE.....Cleveland, Ohio.

The writer visited the clinics in three of the schools. The rooms set aside for this purpose are ample in size, are spotlessly clean, have excellent light and ventilation, and have running water at the chair and at lavatories. The outfits loaned by the dental manufacturers are of the highest type in quality and are most complete.

FRIDAY AFTERNOON, MARCH 18, GRAY'S ARMORY, 2:15 P. M.

DR. G. C. ASHMUN, Cleveland, Ohio, *President of the Board of Education*, presiding.

MUSIC.

(a) THE LARGO.....*Handel.*

(b) THE INTERMEZZO.....*Mascagni.*

Sibley School Boys' Chorus (Sixty voices).

Director, J. POWELL JONES, Cleveland, Ohio.

Pianist, MISS GLADYS W. JONES, Cleveland, Ohio.

ADDRESS OF WELCOME.

W. H. ELSON, B.A.....Cleveland, Ohio.

Superintendent of Schools.

RESPONSE.

RICHARD GRADY, M.D., D.D.S.....Annapolis, Md.

Dental Surgeon of the Naval Academy, and Member of the Oral Hygiene Committee of The National Dental Association.

MUSIC.

THE HOLY CITY.....*Adams.*

Sibley School Boys' Chorus.

WHY WE NEED ORAL HYGIENE IN THE PUBLIC SCHOOLS.

J. W. DOWD, B.A.....Toledo, Ohio.

Ex-Superintendent of Schools.

OUR INTEREST IN THE WORK.

CHARLES ORR.....Cleveland, Ohio.

Director of Schools.

IMPORTANCE OF LECTURES IN THE SCHOOL BUILDINGS.

MISS SARAH E. HYRE.....Cleveland, Ohio.

Chairman of Free Lectures and Social Center Work of the Board of Education.

THE STATE WORK.

W. T. JACKMAN, D.D.S.....Cleveland, Ohio.

Chairman of Education and Oral Hygiene Committee, Ohio State Dental Society.

THE LOCAL WORK.

WESTON A. PRICE, D.D.S., M.E.....Cleveland, Ohio.
*Member of Education and Oral Hygiene Committee of
The Cleveland Dental Society.*

SOME OF THE DIFFICULTIES WE HAVE ENCOUNTERED.

J. P. CORLEY, D.D.S.....Greensboro, Ala.
University of the South.

Member of Oral Hygiene Committee of the National Dental Association.

MUSIC.

AMERICA (*Audience*).
J. POWELL JONES, *Directing*.

Gray's Armory, which seats 2,500 people, was packed to the doors, several hundred people standing. There were present 2,100 public school teachers, having charge of approximately 70,000 school children. They paid the closest attention and evinced hearty approval of the work just begun.

It will be seen that the exercises were in charge of the school authorities, and Cleveland is to be congratulated on having such broad-minded and progressive school officials.

FRIDAY AFTERNOON, MARCH 18, COLONIAL HOTEL, 5 P. M.

Cleveland Dental Society met at this time and took dinner with their guests.

Three Ten-Minute Papers were presented by members of the Oral Hygiene Committee of The National Dental Association.

W. A. WHITE, D.D.S.....Phelps, N. Y.
"Oral Hygiene."

E. P. DAMERON, D.D.S.....St. Louis, Mo.

"Examining Boards and Boards of Regents in Their Attitude Toward Our Work."

PAUL G. WHITE, D.M.D.....Boston, Mass.

*"Importance of the Public Press in Connection with
Publicity and the Necessity of Text Books."*

The banquet was enjoyed by every one present. A pleasant incident was the welcome back to health of Dr. W. G. Ebersole, who has just recovered from a most serious illness, and his induction into the office of President of The Cleveland Dental Society.

FRIDAY EVENING, MARCH 18, GRAY'S ARMORY, 8 P. M.

HON. MYRON T. HERRICK.....Cleveland, Ohio.
Ex-Governor of Ohio, presiding.

MUSIC.

THE GYPSIES.....*Roeckel.*
Central and Lincoln High Girls' Glee Club (Sixty voices).
Mrs. Marie Burt Parr, *Directress*.

ADDRESS OF WELCOME.

HON. HERMAN C. BAEHR.....Cleveland, Ohio.
Mayor of the City of Cleveland.

RESPONSE.

BURTON LEE THORPE, M.D., D.D.S. St. Louis, Mo.
President of the National Dental Association.

MUSIC.

MOTHER GOOSE MEDLEY..... *Sherwood.*
Central and Lincoln High Girls' Glee Club.

IMPORTANCE OF ORAL HYGIENE.

W. G. EBERSOLE, M.D., D.D.S. Cleveland, Ohio.
*Chairman of the Oral Hygiene Committee of
The National Dental Association.*

MUSIC.

THE SNOW..... *Elgar.*
Central and Lincoln High Girls' Glee Club.

**THE RELATION OF CONDITIONS OF THE ORAL CAVITY TO THE HEALTH AND MORALS
OF SCHOOL CHILDREN.**

W. A. EVANS, M.D. Chicago, Ill.
Commissioner of Health.

ATTITUDE OF THE GOVERNMENT TOWARD PUBLIC HEALTH.

C. W. WILLE, M.D., Past Asst. Surg. Washington, D. C.
*U. S. Public Health and Marine Hospital Service,
Personal Representative of President Wm. H. Taft.*

ATTITUDE OF THE STATE GOVERNMENT TOWARD PUBLIC HEALTH.

H. C. BROWN, D.D.S. Columbus, Ohio.
Personal Representative of Gov. Judson A. Harmon.

MUSIC.

DREAMING *Shelley.*
Central and Lincoln High Girls' Glee Club.

The evening audience consisted of about 1,400 people, including many dentists. Ex-Governor Herrick said that he had never before appreciated the importance of this work, but that as one who had the interests of humanity at heart, he should be glad to hereafter aid it by all means in his power.

Hon. H. C. Baehr, Mayor of Cleveland, said that he should exert his influence for the extension of service of such great economic value. He will seek an appropriation for the extension of this service to the indigent poor of the city.

Dr. W. G. Ebersole and Dr. W. A. Evans of Chicago made addresses of great value dealing with specific phases of the work.

C. W. Wille, M.D., who came as the personal representative of President Taft, and H. C. Brown, D.D.S., who came as the personal representative of Governor Harmon, sounded the closing notes, all in hearty approval of the work.

ORAL HYGIENE COMMITTEE OF THE NATIONAL DENTAL ASSOCIATION.

W. G. EBERSOLE, *Chairman.* Cleveland, Ohio.
E. P. DAMERON, *Vice-Chairman.* St. Louis, Mo.
RICHARD GRADY, *Secretary.* Annapolis, Md.
J. P. CORLEY..... Greensboro, Ala.
PAUL G. WHITE..... Boston, Mass.
W. A. WHITE..... Phelps, N. Y.
H. C. THOMPSON..... Washington, D. C.

EDUCATION AND ORAL HYGIENE COMMITTEE OF THE
OHIO STATE DENTAL SOCIETY.

W. T. JACKMAN, <i>Chairman</i>	Cleveland, Ohio.
S. J. RAUH, <i>Secretary</i>	Cincinnati, Ohio.
H. M. SEMANS.....	Columbus, Ohio.

EDUCATION AND ORAL HYGIENE COMMITTEE OF THE
CLEVELAND DENTAL SOCIETY.

W. G. EBERSOLE, <i>Chairman</i> .	J. R. OWENS, <i>Secretary</i> .
WESTON A. PRICE.	

FRANK ACKER, <i>Director of Clinics</i> .	
H. R. C. WILSON, <i>Secretary of Examinations</i> .	

The purposes of this campaign are to bring the importance of this vital subject fully and frankly to parents, educators, social workers and philanthropists: to invite the public to an open discussion on oral hygiene: to determine how best to further the popular movement for better care of the mouth and teeth.

MEMBERS OF THE CLEVELAND DENTAL SOCIETY.

Aekler, Frank	Gage, R. B.	Moffett, H. E.
Allen, S. W.	Gerow, W. B.	Moran, P. J.
Ambler, H. L.	Greene, G. W.	Neff, M. D.
Armstrong, R. J.	Griffis, A. L.	Newcomb, W. E.
Baldwin, C. R.	Haines, A. W.	Newton, J. T.
Baldwin, G. T.	Harrison, W. H.	Nichols, W. A.
Barnes, Henry	Harvey, H. F.	Norton, E. L.
Barnes, Varney	Hasse C. H.	Owens, J. R.
Barrett, Frank	Herrick, E. M.	Palotay, J. F.
Belden, R. E.	Hill, T. J.	Patchin, E. L.
Belford, E. E.	Hirsch, S. F.	Pelton, L. F.
Bell, J. R.	Hisey, J. W.	Pettibone, E. L.
Bentley, L. W.	Hock, W. K.	Phelps, J. E.
Bertsch, Roy	Hurd, C. E.	Phillips, E. D.
Bishop, G. E.	Husband, A. J.	Price, W. A.
Bissell, W. D.	Jackman, L. F.	Ralston, R.
Brewster, W. R.	Jackman, W. T.	Reisser, O. H.
Brown, A. I.	Johnson, T. B.	Rogers, C. C.
Brown, C. A.	Jungeman, J. W.	Rogers, H. M.
Brown, I. W.	Kenyon, H. C.	Rosenwasser, H. B.
Burt, C. E.	Kelley, J. E.	Rybak, J. F.
Butler, C. R.	Kindler, J. A.	Sadler, R. E.
Camp, G. H.	Kline, J. C.	Saum, I. M.
Casto, F. M.	Krejci, L. A.	Sayers, O. J.
Chapin, W. F.	LaBarge, E. J.	Schneider, O. J.
Chapman, F. F.	Lindhorst, J. G.	Shannon, E. H.
Coates, J. A.	Lindhorst, R. H.	Siddall, W. A.
Culp, W. E.	Lodge, E. B.	Simpson, J. M.
Culver, J. W.	Loughry, J. A.	Smith, W. P.
Dewey, S. B.	Lovett, G. D.	Spargur, F. J.
Dinsmore, R. A.	Ludwick, F. L.	Stephan, J. F.
Douttiet, G. W.	Lyman, I.	Stern, S. B.
Ebersole, W. G.	McCartney, F. M.	Stillson, W. C.
Evans, R. P.	McDill, J. W.	Strong, H. F.
Ewald, J. S.	McDonough, J. F.	Suhr, R. A.
Fenton, M. E.	Miles, F. L.	Sykes, W. S.
Frasier, J. W.	Mistr, J.	Terry, T. H.

Teter, C. K.	Walker, E. W.	Womacka, E. A.
Teter, W. C.	Wasser, G. N.	Woodbury, G. F.
Unger, R. C.	Weaver, S. M.	Yahres, J. M.
Van Doorn, J. W.	Whitslar, W. H.	Zavodsky, Frank
Van Tress, H. B.	Wilson, G. H.	Ziegler, D. H.
Van Valkenburgh, H.	Wilson, H. R. C.	Zincke, L. D.

To the members of the Cleveland Dental Society will fall the great and continuing credit for the success of this movement. It is easy to hurrrah when all are hurrrahing. But when the first burst of enthusiasm is over, when the guests are gone, there remains the long steady pull that always lies between inauguration and success.

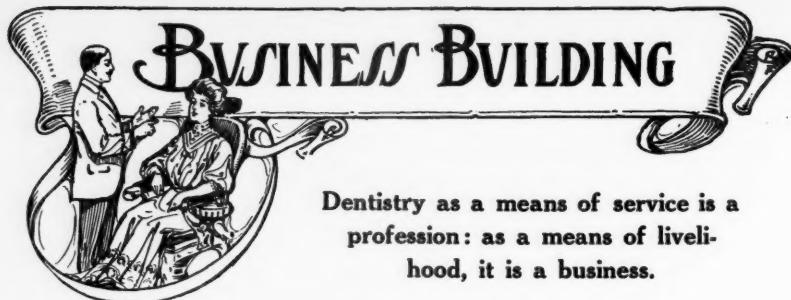
The members of The Cleveland Dental Society have agreed to maintain these clinics a year, one in each of four schools, to be kept running four hours daily, five days per week.

We have been there. We have, figuratively speaking, thrown up our hats. But on the members of The Cleveland Dental Society rather than on our hat throwing success depends. They are the real heroes of the work. Each of these men has agreed to contribute to this work, one week in time or thirty three dollars in money. That is a record which puts to shame the responses made in some localities where efforts to start similar work have been made. We print their names here because if they do as they plan, and we have no doubt they will, they are names which deserve high place on the scrolls of honor in the dental Halls of Fame.

TAKING THE BITE IN EDENTULOUS CASES

IN edentulous cases, the wax strip is inserted into the mouth, and the patient is required to "bite on the molars." This may seem ridiculous, since no molars are present, yet the patient will bite correctly. If this request does not yield the desired result, you may hold the wax strip over the mandible with your fingers, and request: "Please bite, but not my fingers!" Generally the patient immediately retracts the mandible, and meanwhile the fingers are quickly taken off. Patients with normal occlusion retract the mandible in masticating, during incision they push it forward. In congenital prognathism, the case is reversed—the mandible is pushed forward in mastication, retracted in incision. If sufficient attention is paid, this method will indicate in taking the bite whether congenital prognathism is present or not.—*JULIUS PARREIDT, Deutsche Monatsschrift für Zahnheilkunde.—Western Dental Journal.*

We all have our opinion about Doctors, but no sane man knocks on the Dentist but the Dentist.—*The Philistine.*



BUSINESS BUILDING

Dentistry as a means of service is a profession; as a means of livelihood, it is a business.

A WIFE WHO HELPED

BY A DENTIST'S WIFE

Here's to the wife of the unbusiness-like dentist. She has lived on hamburger steak or round, when she deserved sirloin. She has walked on ingrain carpets when she deserved Brussels. She has stretched the ingenuities of her mind, and the limited resources of her kitchen to span the gap between high-living cost and low income.

She has surrendered many of the dreams of her young womanhood. The children have been raised without many of the advantages they should have had. Her little dream of harmless social prominence has long since passed into the struggle to appear well on the outside and hide the shortcomings at home.

She has faced old age without resources, and has cared for and ministered to him who has failed for himself and her. In only one way has she occasionally gotten partly even; she has gone a foretime to her reward, leaving him who brought failure, to face it alone. She has been the patient heroine of the struggle, fighting to the last to repel the failure which her life associate invited and assured.

But a better day is dawning. Dentists are becoming more business-like. Better things are in store. And among those who profit none deserves it more than she who holds the citadel of our life. May she live long and well and happily!—EDITOR.

SOON after the announcement of our engagement, we naturally began to discuss our present and future prospects, and my future husband told me all about his business. He told me his prices, the class of patients he had—those who were poor pay and those who were very good patients, and how much easier it was to make money under certain favorable conditions; in fact, we discussed his business from every point of view.

One Sunday afternoon, I went with him to his office and gave it a general overlooking. I first suggested that the janitor be taken to task about the entrance and hall being kept in a neater and cleaner condition. I saw that a new couch cover was necessary and a few more neat pillows and a couple of new, attractive and serviceable covers for those he already had.

There were plenty of good pictures on the walls, but they were not artistically arranged. These I rearranged without one cent of expense, and how it did improve the looks of the rooms! The carpet was worn in several places, and he suggested a new carpet, but instead he bought a few rugs, both durable and serviceable in regard to design and quality, which covered the bad spots making the floor covering look like new with very little expense.

On examining his desk we were convinced that there were many unnecessary papers, etc., so we tore up two waste paper baskets full of old trash, we cleaned out pigeon-holes and rearranged everything in a neat and orderly fashion, and on the top of the desk replaced the advertising matter, catalogues and much trash with a few good ornaments and an art calendar.

There is no one thing that improves a dentist's operating room more than neat, well-made sash curtains. These I made of a white-dotted swiss, and they are easily laundered and wear well.

His operating chair was brushed and cleaned thoroughly, and I suggested that the cabinet be rid of unnecessary junk and anything varnishable be given a new coat of varnish, which together with some furniture polish made this room look new.

He bought a new table for his reception room, and on this I suggested he keep a few up-to-date books, a daily paper, and a few current magazines. In the middle of the table he placed a neat card tray with a lot of his professional cards on it—these we saw lots of people look at, and very often take a few for their friends.

These few improvements made the office look new, and people began remarking about it—this encouraged both of us.

I suggested we get busy on the boss himself. I told him I didn't think a dental office the place to wear out old clothes, and again suggested they be discarded, and that he go to a real good up-to-date tailor and get two new suits, anything but black.

These suits were made up so the boss looked big and prosperous. The idea was to afford a chance to keep them cleaned and pressed, and also to change often enough to keep them from smelling like a walking dental office, and for the sake of appearing different when he saw the same patient more than once, and to give a good impression when he first met new ones. I again suggested that he discard any shirts or neckties bordering on the race-horse type, and showed him where a neat, clean pleated white shirt was far dressier, and that a neat, modest, colored necktie and good scarf pin were in better taste than a more showy combination.

I further argued that, however neatly or tastefully a man was

dressed, if he needed a shave he looked like a tramp, so I suggested a daily morning shave, followed with a good violet toilet water, and the result was a brighter, neater and better groomed dentist, whose lady patients, instead of smelling an odor of tobacco, which to a sensitive person is often very unpleasant, could smell a faint odor of violet which is far more pleasing to the olfactory nerves. People noticed the change and remarked favorably about it, and what was still better, business was increasing all the time which was most encouraging to both of us.

Being a little careless with his own teeth, I suggested a little extra attention be given them, and as sample mouth washes were plentiful he frequently used them, and these things to date hadn't cost much, but were giving results.

I saw a nice diamond ring just suitable for a professional man, so I suggested buying it, but this he couldn't see and kicked about the expense and waste of money, but as all my other suggestions had helped, he decided to buy it. People remarked favorably, so we again felt encouraged and business was getting better all the time.

We were invited to take an automobile ride with a friend one Sunday afternoon, and both enjoyed it very much. We rode around town and saw people we hadn't seen for weeks.

This time he suggested an automobile; it was in the line of appearing prosperous. I thought this was carrying the prosperity idea rather high and expensive, but he persisted until he got one of reliable make, and our automobile rides were his most enjoyable recreation.

It certainly did create a lot of talk; we were almost afraid we had overdone it and looked too prosperous, but guess we didn't for his business got still better. We began to see a better class of patients.

The car we used every evening and Sunday afternoons, and how we did enjoy it! I could see the healthy glow on his cheeks, eyes brighter and his tan was simply great.

The car we keep in the garage, as it is quite impossible for a dentist to get his hands full of grease and have them look respectable the next day.

We were now getting near to the wedding ceremony, and we began discussing the wedding trip. I thought of a trip through several states we had not visited would be enjoyable; but this he wouldn't listen to as it was a trip to Europe he was looking forward to. This suggestion almost floored me as it seemed too expensive, but he got a good dentist to take charge of his practice and we spent over two months in Europe, during which visit we were privileged to visit several foreign dentists and question them concerning their methods and general practice.

Things at the office went along smoothly while we were away and

we both returned well rested, several pounds heavier, good healthy color, and very well satisfied to be back again in our own country.

Back from our trip he started to work again, and every patient who came in asked the doctor about his trip and seemed very much interested.

This trip happened quite a while ago, and business is better than it ever was, so we are encouraged and happy over our success and feel that our efforts have repaid us in more business and a better class of work and patients.

We both have talked over the financial situation, and have decided not to invest our money in "get rich quick" schemes, but are enjoying ourselves to the extent we can afford and placing our surplus cash in good reliable savings banks, real estate or good mortgage. These are a little slower than some methods of saving, but a whole lot surer than the average.

The doctor also carries a good big life insurance, also accident insurance, and this makes it possible not to deny ourselves too many pleasures and to feel that we are prepared for a rainy day.

This article may help to prove that an interested ambitious wife, who will carefully notice and think over the minor details of her husband's business, can help in many ways to increase his practice.

It is quite possible, too, that a refined influence upon the appearance of the dentist and his office may be noticed, in contrast to the office of the dentist over whom there is no such influence—just as truly as there is a difference between a bachelor's apartment and the home where his mother or wife presides.

PRACTICE HOLDING

J. ARTHUR STANDEN, D.D.S., PHILADELPHIA

Now that the journals are placing before us "business building," I want to add my mite along the line of "practice holding."

We are all glad to see the stray patient who wanders in from apparently no definite source, has his mouth put in shape, pays cash and goes his way, but—it is the patient that comes the second time and the third, who, in fact, in season and out, regards you as his dentist and himself as your patient and invariably puts it that way in conversation with others; he is the fellow who counts, his is the name that many a new patient mentions upon his first appearance in your office. The question arises, how best to educate that patient to make the second, third and subsequent visits.

Most of us always tell the patients upon the completion of a series of visits, that in six months they should return for a general examination and cleaning, but with most it stops there, the patients agree with you and by the great horn spoon, say they will never neglect their teeth again, but they do and it's the dentist's fault.

To overcome their apathy, it has been my custom in the past, after explaining the method to them, to send personal letters at intervals, say of three, four or six months as the case required, later I adopted the following card; this seems to produce a better result, the patient seems more impressed and responds more readily, it helps to make for what a man may safely call "my practice," instead of "a practice":

1220 Locust Street
Philadelphia

THIS IS TO ANNOUNCE THAT _____ MONTHS HAVE
ELAPSED SINCE YOUR LAST VISIT; I WOULD THEREFORE
SUGGEST THAT YOU COME IN FOR AN EXAMINATION AT
YOUR CONVENIENCE.

J. ARTHUR STANDEN, D. D. S.

101

HOURS, 9 UNTIL 4
TELEPHONE CONNECTION

THE USES AND VALUE OF THE EXAMINATION CHART

By D. H. STOCKER, D.D.S., TUNKHANNOCK, PA.

THE most useful adjunct to the equipment of a dentist is the use of the examination or record chart, which cannot be eliminated, no matter how small or large the practice may be.

Its value and usefulness are manifold; those who have used it often wonder how they ever managed to do without it, as the returns more than balance the labor and expense expended. It is a practice builder.

When the patient is seated in the operating chair to have the teeth examined, a suitable chart should be at hand. Upon this is placed the name, address, 'phone number, and to whom the bill is to be sent. The location and extent of all cavities of decay should be indicated on the appropriate teeth on the chart by use of the lead pencil. If an estimate is asked for, it can be given and recorded for future reference.

At some time previous to the next sitting you can go over the chart and plan the filling materials for different cavities. Then again you have opportunity to think over the work in detail which otherwise you would not, and in so doing you save time and give your patients better service. If you have only a limited time at the next sitting, the chart indicates just where to begin. This saves loss of time in deciding upon the operation. You also know the whole amount of work to be done and can gauge your efforts so as to make every minute count, for time is your money.

As fast as work is done, it should be indicated on the chart by filling in with ink over the pencil mark, and, underneath the appropriate teeth, indicated by a straight line, should be written the information of special interest pertaining to each. If, for instance, it is necessary to devitalize the pulp, this may be indicated by the abbreviation, "dev. as," if arsenic is used and also the date, as 4/12. The removal is noted by saying, "P. removed," 4/14. At the final sitting the whole operation of filling should be shown by the date and nature of the materials as W. C. (Watt's Crystal), "A. A. E." (Ascher's Artificial Enamel). When amalgam is used it is sometimes an advantage to state the make used, as "C 20th Cent." (Caulk's 20th Century alloy), so as to be able to observe the action of the different makes of alloy in the mouth. Above all, do not forget to make a record of the fee charged for each operation. This is important.

A careful record of plate work can also be kept on these charts, because of its liability to damage and the necessity for its prompt repair. The make, shade and mould of the teeth used can be indicated. In this way you have all the information necessary for future reference. The chart is not only useful in plate work but also in crown and bridge work. The karat of the gold should be shown, also the lowest karat of solder used, so if at any time, the piece had to be repaired, you would not make the mistake of using a higher or a lower karat. If facings are used, the shade, mould and make can be recorded as in plate work.

The charts are also useful in regulating, as the dates should be shown on which regulating or retaining pieces were inserted or changed, so that this information can be had instantly.

While operating, the patient may mention the fact that she has had a severe sickness, or that her son Johnnie has just recovered from an attack of the measles. Make note of this or other little points which the patient may tell you, at some convenient place on the chart; this patient will doubtless return in the course of a year or so. As you take the chart from the file glance at these notes so as to freshen your

memory; when the opportunity offers itself mention these facts or else make some pleasant remark which will indicate that you remember them. She will, no doubt, think to herself, or else tell some one that Dr. —— has a wonderful memory; he remembered all about the severe sickness I had some years ago and also about Johnnie; he certainly takes a great interest in us. All these little things count. It makes the patient feel that you are taking more than usual interest in them and that is what they want. The more interest you take with them the better they like it, and by so doing you not only hold them as patients but at the same time increase your practice, for they will surely influence others to come to your office.

How often we have patients returning to our office saying, "Doctor, that filling you put in my double tooth about six weeks ago fell out." By procuring the chart of this patient from the file and examining it, you will no doubt find that you never inserted that particular filling. You show this to the patient, at the same time explaining your method of keeping these charts. In this way the patient is convinced that it was not your filling that failed. The chances are that without this chart the patient would never have been convinced. So by means of these record charts you can always assure yourself and your patients which is your work and which is not.

It is almost impossible to remember every filling which you have inserted in every patient's mouth, but even if you did, your patients would not believe you as they are always so certain about such things. You must show them, and where is there a more convincing method than by the use of the record chart?

Let us take another case: a patient comes to your office with a plate from which a tooth has been broken; you insert a new tooth, get your fee, make a record and file it. In a year or so this same patient may return with the same kind of a repair; you do it as before, but when the patient comes to pay, they will undoubtedly say, "Doctor, your fee is somewhat higher than for the same work before." All you have to do is to show the chart and the patient is satisfied. He may have known that it was the same price but thought he could fool you so as to save a few cents. If you did not keep a record, the chances are the patient would have received the benefit of the doubt, with you as loser.

Therefore the record system is not only a practice builder, a labor saver, but also a money saver. Dentists who have never used the record chart should wake up and get busy. Use it not only for the major but also in the minor operations. Use it in every way; go into detail. It will pay in the end.

EXPERIENCES.

When a college of dentistry graduates a student who has been taught only one side of dentistry—the professional side—it practically insures for the student days of trouble and perhaps failure where failure was unnecessary.

These experiences tell the story of students graduated thus.

When we bring to bear on the colleges the demand of a united profession for the delivery of lectures on the business side of dentistry, the colleges will grant them.

Such lectures to seniors, properly given, would benefit every student and every community in which the students settle.—EDITOR.

DENTISTRY AS IT IS PRACTISED

I HAVE been reading THE DIGEST and have been particularly interested in "Brother Bill's Letters" and other articles treating on the same or similar subjects, viz.: Business Building, etc.

I have always felt the need of just such instruction, and I, too, think the Dental Colleges are neglecting a very important part of their duties when they omit such instruction from the regular course. I feel as if I belonged to the class—and it is a larger class than even you may realize—the class of successful dentists but business failures, if such a thing is possible. I have always felt, that if I had someone to look after the business side of conducting a practice, such as collecting accounts, and even making the charges for me, buying the supplies, looking after the advertising, etc., in short a "business manager," I could be much more successful. I feel that way about it because I was taught the professional side of the business in college, but the real business side of it I have never been taught. As I had no knowledge of business when I entered upon my course, and have learned little since, I still lack confidence in myself, which handicaps me greatly. Whether I'm now too old to learn or not remains to be seen. But I almost feel that I am. If I had had such instruction ten years ago I might have been worth something now, for I practised in a small town eight years, the last five of which I had practically all the work I could do, and still I made very little more than a living. I realize now that I made a vital mistake, in always endeavoring to be as good to my patients' pocketbooks as I could instead of being good to my own. But my predecessor had been doing cheap work and charging good prices, and in consequence, dentistry had fallen very much into disrepute and the people of that place looked upon dentists as a class of thieves or grafters. I went in to show them that a dentist *could be honest*, and after I had established myself and worked up the scale of respect and dignity

of the profession in the minds of the people, I found myself in such a rut in regard to prices that I couldn't get out of it. Then I sold out and came here, and for several years I have been trying to live and support my family on about \$1,500.00 per year in a city of 25,000. No dentist of experience needs to be told what hardships such an experience entails, but I still have a faint hope that I can shake myself out of the cloud of despondency and despair which envelops me so frequently of late, and profit by the excellent advice I have gotten out of THE DIGEST in the past year.

And now in addition to what you have given us I would like to ask you to publish what in your estimation goes to make up the modern, up-to-date dental office for a city of say 25,000 population. Have the article give all details, even to hand instruments if possible. If you do not care to write such an article, I would suggest that you ask through the columns of your journal for volunteer information on that subject.

(Signed) H. F.

FAILED FOR LACK OF TEACHING

BY A NEW SUBSCRIBER

HAVE been reading with considerable interest the articles regarding the business side of dentistry in THE DIGEST. They are surely worth the time and consideration of every dentist and ought to open the eyes of the members of our profession who are selling their services for a song, and having nothing to live on, at the end of thirty years of hard work, but poor health and a bad disposition.

Our colleges teach us nothing in regard to the business side of dentistry—when we graduate we don't know where to turn. We haven't any idea what to charge for our time, how to educate our patients to believe dental work is worth the seemingly exorbitant price we demand, but are loaded with theoretical knowledge—most of which we forget and discard. A course of even a dozen lectures on the business side of dentistry would be a wonderful help to many an undergraduate.

I located in a good-sized town and made a miserable failure of everything in a year's time; but, being young, was not discouraged altogether and secured employment under a dentist of good business ability, buying him out at the end of the year.

Have always conducted a strictly ethical practice, maintaining fair prices to patient and myself.

I carry \$7,500.00 insurance, which I find is a splendid means of saving money and still have protection.

You make a very small rate of interest on insurance, but it is far better than investing in the numerous wild-cat schemes a professional man is besieged with.

Am living well, enjoying life—work seven or eight hours daily, and saving about \$1,000.00 a year.

Patients, however, when once they trust you and appreciate services, will very seldom ask what it will cost.

A person can't get better returns for his money, than by investing in dental work.

LIVING THROUGH THE PANIC

BY A SOUTHERN SUBSCRIBER

I AM going to devote an hour to your request for letters from the profession. I lately *re-subscribed* for THE DENTAL DIGEST and am *truly glad* that I did. The letters of "Brother Bill" have caused me some deep and earnest thought. The magazine and book have given me a world of ideas, and it is a pleasure to comply with your request.

After graduation I worked upon a salary for eighteen months in this place; I then located in a small town of 1,200 people; business was good for six months; 75 per cent. of my work stood well. The panic came on. Much of my practice was among farmers, who placed their cotton in warehouses and borrowed money of the banks to live on. These patients were still my friends but wanted indefinite credit; this I was unable to give them. I had a wife and three children to support, consequently I got into debt and I had no cotton to borrow funds upon to help me bridge over the panic. I was offered a school or two to teach, but I wanted to stick to my calling. Things grew desperate. An advertising dentist offered me \$100.00 a month. I belonged to the State association and wanted to hold the esteem of my professional brethren. It came to a choice of "ethics or biscuits." I wasn't long in deciding to take the biscuits. I laugh over it now, but it wasn't any joke then.

I came here in April, and worked for my advertising brother until September 1st. Now pardon another digression—this advertising brother was indeed a brother—and did more for me than all the ethical brothers put together. They didn't even reply to my letters.

Buying out my advertising brother, with some previous debt, due to

sickness and death in the family, and the hole I was in from the effects of the panic, placed me over \$1,500.00 in debt.

Owing to strong pressure of members of my family and advice of my advertising brother, I reluctantly decided to advertise. From September 1, 1908, to September 1, 1909, my cash receipts were \$3,791.75. I used the morning daily as one means of advertising and also distributed cards, and altogether my advertising cost me, for the first year, \$250.00. I added to my outfit another chair and thoroughly equipped my laboratory to the extent of \$250.00. I paid \$500.00 on my office debt. I paid doctor bills of about \$100.00. I bought \$60.00 worth of material per month, paying cash; this adds \$700.00 to the amount. Another item that amounted to over \$500.00 was hire of a laboratory man. My groceries average \$40.00 per month and house rent \$15.00 per month more. This doesn't include clothing for entire family, a trip of ten days North and the tenth given to the Lord.

CASH RECEIPTS	\$3,791.75
Paid on purchase of office.....	\$500.00
" laboratory man	500.00
" doctor and undertaker	100.00
" advertising	250.00
" dental materials	700.00
" groceries and house rent	650.00
" office improvements	250.00
" office rent and maid	175.00
" miscellaneous—church, insurance, etc.....	200.00
	—————
	\$3,325.00
Balance	\$466.75

My policy was to do what I promised in an advertisement. I tried to tell the truth. If upon second trial I failed to fit a mouth with a plate, I returned any deposit the patient made.

A statement regarding the treatment I received from the ethical men in this city might be of interest. With the exception of the man I worked for the eighteen months after graduation, they all treated me most cordially. They understood the circumstances. My former employer began a campaign against me. Told his patients that he would have me going out of town in three months, counting railroad ties. He would tell patients upon their presenting themselves in his office for services, that he had never heard of me; whereupon they would make a date with him, leave his office and come to my office to see what kind of a fellow I was. I would answer their questions honestly and ask for a fair trial and land their work. I refused to "sling mud";

talked to patients about their teeth, and always spoke highly of the non-advertising man.

I wrote a note to my old friend who fought me so vigorously telling him I didn't intend to always advertise. He, at the State association, championed my cause and asked that my name be not dropped from the roll.

I quit advertising at the beginning of my second year. I am averaging \$70.00 per week cash and am steadily raising prices. My expenses are greatly reduced and I have got a good firm start and am soberly and earnestly giving my time and thought to business.

I want to say that the idea that struck me forcibly was in *TITLE DENTAL DIGEST*. "If a man is clever enough to run a successful advertising business, he is equally clever to run the business without advertising."

I have had many varied experiences. I would have failed utterly if I had run a credit business.

(Signed)

P. A.

WILL SOME ONE ADVISE?

It has long been my intention to write you; first to express my appreciation of the work you have been doing during the last year in the pages of *THE DIGEST*, and second—to ask a question.

I fear that my letter will be rather lengthy, but "Brother Bill's Letters" and those Business Building articles have done so much for me that I must unburden myself. Now to the point without further preamble.

A bit less than six years ago I came to this place, a thriving village, and a great summer resort, and opened an office. I was then twenty-eight years old, a recent graduate of one of the best Eastern dental colleges, and a *mighty poor dentist*.

Lack of good competition and a fairly acceptable personality, a real desire to give a patient his money's worth, and careful extracting with a good local anesthetic, brought business from the very start.

My rent was \$18.00 a month, occupying a five-room apartment in the center of the business section of the main street.

My board was \$5.50 a week, and I slept in and cared for my own bedroom back of the office.

I paid my first month's expenses without trouble, and business continued good. But I was as ignorant as a new-born babe of the most ordinary methods of business. An almost unlimited credit—which

must have been granted on my face, for I had no capital—tempted me to an indulgence in supplies and instruments which I could not afford, and a natural tendency toward easy spending soon put me very deeply in debt to the supply houses; and only the generosity of the manager in the office of my principal creditor has saved me from serious financial trouble.

At the end of the first twelve months I had put out \$1,800.00 worth of work, at the end of the second twelve months \$2,200.00, and should have been paying up my debts and making a little headway, but instead of that I was continually "broke" and never free from worry regarding the money I owed.

I associated with the best people of the place, and had no bad habits. What was the trouble?

Well, the pages of THE DENTAL DIGEST have shown me, and we can tag it simply "bad business methods; or no business methods at all."

Before THE DENTAL DIGEST woke me up, I never knew what my material cost me for a month or for a year. I sent out my bills sometimes every month and sometimes at intervals of from two to four months. I never had a cash account or separate accounts in my own ledger with the different supply houses, and I never knew until a few months ago what the amount of business was for each year, nor just how much cash I was taking in. As a bill was paid it went into my pocket, and when I happened to get another forty or fifty dollars I deposited it to my account in the local bank, and then usually went home and drew checks against it until I was about broke again. If the officials of the institution had not been friends, my account would have been thrown out long ago.

I was working hard, seemed to handle what I considered quite a little money for a new man in a new place, but yet things were going from bad to worse—I was drifting slowly but surely to bankruptcy. It worried me and I gave the matter much thought and even tried to be more careful in bookkeeping, but seemed to make no progress. And then I began to take THE DIGEST, and what the Bible has been to my moral need THE DIGEST has been to my financial need.

The first thing I did when I finally came to life through the influence of "Brother Bill" and kindred articles, was to put into effective operation a good system of dental bookkeeping, the foundation of which is a duplicating examination and estimate book which furnishes me and the patient with an accurate record (a chart) of the work to be done and the approximate cost thereof.

I then had some appointment cards printed which bore on the reverse side the following:

"An approximate estimate will be given at the beginning of the work to be done.

TERMS ARE CASH WHEN THE ESTIMATED WORK IS COMPLETE

I do not care to make any appointment on any other terms than the above.

It will be my pleasure to use every effort to make the work satisfactory in every respect and worthy of the cash payment."

These were given to all patients excepting those who habitually paid cash for their work.

A card about 20" x 16" was then printed and placed in a conspicuous place near the mirror in the reception room, and it bore the same words as the appointment cards.

Then I started out to secure settlements with all those local merchants, etc., who were taking their merchandise out in trade.

Then I came very close to nervous prostration and had to take a vacation of six weeks, but before I went away, borrowed a thousand dollars, and had a suite of rooms built on to my residence which is not in the business center, but is still very accessible, and which gives me beautifully light airy rooms-rent free.

Then I hired a neat, capable young lady as an office nurse, and had her put all my business accounts in shape so that I could tell "where I was at." Then I put an efficient and attractive sterilizer in a fairly conspicuous position by my operating chair, dressed the young lady up in black and a white apron, collar and cuffs, put myself into a white duck coat—it will be white trousers and shoes as well this coming summer—and advertised the fact that sterilizing was no bluff in my office.

Then I purchased Dr. Black's "Operative Dentistry," and I am enjoying it.

And now? Well, the whole outlook seems changed.

I am more heavily in debt than ever, but I never had my business so completely under my control before, and never had so good a prospect of clearing myself and getting ahead of the game.

It would be impossible for me to give expression in written words to the satisfaction and peace of mind that these ideas have brought me as they have been incorporated in my practice.

It is certainly our own fault if we do not collect what we earn, and I have proved it over and over again in the past few months, that people only think the more of a man who uses business-like methods in his practice.

I have had three competitors since starting here, the last arrival coming with the Spring of 1909.

A man of middle age with the glamour of a metropolitan reputation.

My friends prophesied dire failure and loss of practice as the result of my removal from my old office and outspoken request for cash in the face of this new competition. But I had the courage of "Brother Bill's" convictions—and how it pays to do business in a business man's way.

Doctor, THE DENTAL DIGEST has my eternal gratitude.

And now for the question.

I have no trouble in satisfying my patients—save in one respect. That is the necessity I find of making short appointments and making them at long intervals. Often I can find time for only two appointments for a given person in one week.

I imagine I am a bit slow in operating, but a friend in the profession who is himself a good operator thinks otherwise.

I do all my work by appointment—excepting the extracting—which sometimes interferes very much with appointments.

It seems to me that there should be some way of planning the work for different patients, and some way of taking care of the new work that comes in, without getting things congested and putting back work already under way.

I never had any instruction in the art of making appointments, and so I plug along in this matter, doing the best I can, but feeling all the time that there is something wrong in my method of handling the business that comes in.

This is a matter that you have not gone into yet in THE DIGEST. So I make this personal appeal for advice, which I will appreciate very much indeed, whether given through personal letter or in the pages of the magazine.

Now if there is anything of interest in this too lengthy letter, you have my permission to publish it, withholding the name of course. I wish that every dentist in the United States could be convinced of the truth of the invaluable advice the magazine has been giving its readers during the past year.

Sincerely yours,

(Signed)

C. F.

IMPROVING OPPORTUNITIES

BY A WESTERN DENTIST

The copy of "Brother Bill's Letters" received, and I have become very much interested in them. They contain many good points and suggestions. They are causing me much thought along the lines of the business side of dentistry. We have heard much as to the ethical side, in fact, we are so saturated with ethics when we graduate that many of us lose sight of the fact that we should make a little money as we go along, in order that we may be prepared for the proverbial rainy day.

I graduated from the Dental College in 1896, have been practising for ten years, and am about where I started—perhaps \$2,500 better off—a mighty poor showing for ten years' work. I have taken few vacations, and stuck close to business, have been reasonably successful as to quality of work turned out, holding on to 95 per cent. of the patients that came into my hands. Now something must be the matter, and Brother Bill advises an investigation—so an investigation was made and here is the result.

Investment—Instruments, Fixtures, etc.,	\$1,000
Interest on investment.....	\$100 00
Insurance	12 00
Total expenses for conducting business.....	578 00

Total actual expenses	\$690 00

Income last year	\$2,200
Expenses	690

	\$1,510

This makes my salary \$1,510. Now Brother Bill says that I should have \$2,500 salary, so this makes me \$990 short on the salary end of it—which would represent a very nice savings. Figuring on the above basis I should take in \$3,290, so I find that it is up to me to do something.

As my office and instruments will pass inspection, I came to the conclusion that I was not making all that I should out of my practice, so I turned to Brother Bill's letter about raising price and calling attention to work that should be done. I have been working along this line for the past ten days and this is the result. First, a man came in to have a tooth smoothed off that was cutting his tongue. After doing this, I looked over his teeth and found that he would be better off if he had some bridge-work placed, so I got busy with the talk, and before he left

the office I had a contract for \$65.00. Will say in passing that this man had been in my office probably a dozen times in the last three years. Yet I had said nothing to him about those bridges.

A lady called to have a tooth treated and filled, price \$3.00, but she gave me a contract for \$14.00 before she went out. Another lady gave me a contract for \$25.00 for a bridge, when she had only intended to have two dollars' worth done.

I have always labored under the idea that if Mrs. Jones wanted an expensive piece of work put in her mouth that she would call my attention to the fact, but owing to Brother Bill's letters I have changed my idea; now, when a patient presents himself, I make a complete examination and advise what is best under the conditions.

I figure that I am \$85.00 better off in the last ten days on account of having heard from Brother Bill.

Let us hear more from him. I am going after some of that salary due me.

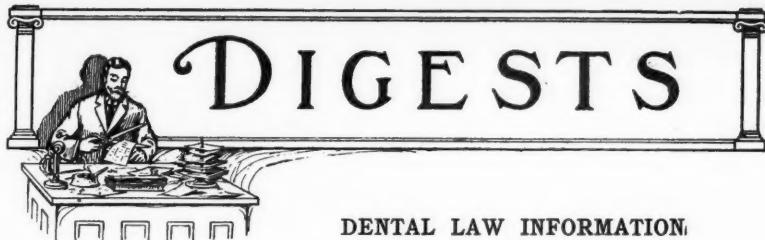
Yours truly,

L. E.

ANOTHER CASTING MACHINE.—The outfit consists of cup, cut from steel bicycle frame tube, three-fourths of an inch in diameter and one inch long. Another cup, one end of which is closed, just large enough to slip over the steel cup. The investing is done in the usual way. The cup with closed end is filled with mouldine, which is pressed down in the center but allowed to extend to the top of the cup around the edge. After the investment is heated up and the gold melted. The cup containing the mouldine is pressed down over it. The steam, formed by the mouldine coming in contact with the heat, forces the gold into place.—**THERAN J. FORD, D.D.S., Homer, La.**

IODIN STAINS.—To remove iodin stains from the hands or linen, apply aromatic spirits of ammonia.

CEMENT FILLINGS IN DECIDUOUS TEETH.—An excellent method for protecting cement fillings from saliva until they have hardened is, to cover them with melted paraffin. Care must be taken to prevent any of the paraffin from dropping into the mouth.—**THERAN J. FORD, D.D.S., Homer, La.**



DENTAL LAW INFORMATION

Having had many inquiries from subscribers regarding exchange of license and requirements to practise in different states, the editor of THE DENTAL SUMMARY recently addressed a personal letter to the Board of Dental Examiners in every state and territory in the United States for information regarding its requirements. The following questions were asked:

- (a) HAVE YOU A RECIPROCITY CLAUSE IN YOUR LAW?
- (b) IF SO, WITH WHAT STATES DO YOU EXCHANGE LICENSE?
- (c) ON WHAT CONDITION CAN A LEGAL PRACTITIONER OF DENTISTRY IN SOME OTHER STATE OBTAIN A LICENSE TO PRACTISE IN YOUR STATE?
- (d) WHAT IS THE SENTIMENT OF THE MEMBERS OF YOUR BOARD, AND OF THE PROFESSION OF YOUR STATE, REGARDING RECIPROCITY?

The following answers were received and we desire to thank the secretaries of the various boards for their prompt and business-like responses.

We have given the names and addresses of secretaries that any reader who may desire further information may know to whom to write.

ALABAMA.

- (a) We have not.
- (b) None.
- (c) By passing the required examination.
- (d) The Board is unanimously in favor of reciprocity.

Secretary, T. P. Whitby, Selma, Ala.

ARIZONA.

- (a) No.
- (b) None.
- (c) Only by passing a satisfactory examination.
- (d) Don't want it.

Secretary, W. P. Sims, Bisbee, Ariz.

ARKANSAS.

- (a) No.

- (b) None.
- (c) Examination only, and must make a general average of 75 per cent.
- (d) Is somewhat divided.

Secretary, A. T. McMillin, Little Rock, Ark.

CALIFORNIA.

- (a) No.
- (b) None.
- (c) On condition that he pass a successful examination before the Board of Dental Examiners of California.
- (d) No answer given.

Secretary, C. A. Herrick, San Francisco, Cal.

COLORADO.

- (a) No.
- (b) None.
- (c) The only condition upon which a practitioner can obtain a license is to present his diploma and submit to an examination.
- (d) The sentiment of the board is in favor of reciprocity, if the applicant comes properly recommended, by his home state society, state board, etc. But some think that this would give the board too much power to say that we will grant this man a license and accept his credentials, and then examine the other fellow. I believe as a whole the members of the profession are opposed to reciprocity. I personally would like to see a good clause to that effect. We tried to have a new dental law passed by our last legislature but it did nothing absolutely, and our bill died in committee after passing the House without change.

Secretary, Mallory Catlett, Denver, Col.

CONNECTICUT.

- (a) Yes.
- (b) Compact has been made with none.
- (c) By passing the examination of the Board.
- (d) We have never granted a license without an examination, but we feel that the time has come when under certain conditions we should do so. The Commission are now considering just what stand we shall take and at our next meeting shall probably arrive at some conclusion.

Secretary, Gilbert M. Griswold, Hartford, Conn.

DELAWARE.

- (a) No.

- (b) None.
- (c) As our law reads, no one gets a certificate to practise except by passing the Board of Examiners.
- (d) It has not been much voiced, but I believe the sentiment is becoming favorable to it.

Secretary, C. R. Jefferis, Wilmington, Del.

DISTRICT OF COLUMBIA.

- (a) Yes.
- (b) New Jersey, Iowa, Ohio, Kansas.
- (c) With those states with which we have reciprocity, the requirements are that the applicant shall have been five years in practice and be a member of the state or local Dental Society, and be recommended by the Dental Board.

The law makes it discretionary with the Board as to whether an examination will be required.

We will make reciprocal exchange with states having a high requirement of standing, as compared with the three states above named.

- (d) The prevailing sentiment of the profession is that a person qualified, and of good moral character, should occasion arise necessitating his or her removal to another State or Territory, that such should be registered upon a certificate from his State Board.

Secretary, Chas. W. Cuthbertson, 309 7th St. N. W., Washington, D. C.

FLORIDA.

- (a) No.
- (b) None.
- (c) By taking regular examination as others take it.
- (d) The sentiment here is opposed to this idea.

Secretary, W. G. Mason, Tampa, Fla.

GEORGIA.

- (a) No.
- (b) None.
- (c) He must stand examination in theory and practice.
- (d) My observation has been that it is not favorable.

Secretary, D. D. Atkinson, Brunswick, Ga.

IDAHO.

- (a) Yes.
- (b) Utah at present, but will have all signed up with Montana by the fore part of January, 1910.

(c) By examination only, except exchange with Utah and Montana. Fee \$25.00 in all cases. Must present a diploma from Dental College in good standing, or license from some other State Dental Board, or furnish proof of having been engaged in dentistry for at least four years.

(d) Favorable with all the states West of the Rockies, but under the present conditions it is not for the best interest to do so with the other states.

Secretary, J. B. Burns, Boise, Idaho.

ILLINOIS.

(a) Yes.

(b) Ohio, Indiana, Michigan, Wisconsin, Iowa, Kansas.

(c) The State Board of Dental Examiners may, in its discretion, issues a license to practise dentistry or dental surgery without examination to a legal practitioner of dentistry or dental surgery, who removes to Illinois from another state or territory of the United States, or from a foreign country, in which he or she conducted a legal practice of dentistry or dental surgery for at least five years immediately preceding his or her removal: *Provided*, such applicant present a certificate from the Board of Dental Examiners, or a like board, of the state, territory or country from which he or she removes, certifying that he or she is a competent dentist or dental surgeon, and of good moral character: *And, provided, further*, that such certificate is presented to the Illinois Board of Dental Examiners not more than six months after its date of issue, and that the board of such other state, territory or country shall in like manner recognize certificates issued by the Board of Dental Examiners of the State of Illinois, presented to such other board by legal practitioners of dentistry or dental surgery from this State, who may wish to remove to or practise in such other state, territory or country.

(d) Favorable to reciprocity.

Secretary, T. A. Broadbent, Venetian Bldg., Chicago, Ill.

INDIANA.

(a) Yes.

(b) Ohio, Michigan, Illinois, Nebraska, Iowa, Minnesota, Montana, New Jersey.

(c) He must have been in legal and ethical practice in the State from which he is applying for 5 years; must have the recommendation of the Board of that State and a certificate of membership in the State Dental Association.

(d) The Indiana law was probably the first to contain a reciprocity clause and the Board has always favored it.

The profession generally in Indiana have long been favorable to such arrangements.

Secretary, F. R. Henshaw, Indianapolis, Ind.

IOWA.

(a) Yes.

(b) Vermont, New Jersey, District of Columbia, Tennessee, Nebraska, Kansas, Oklahoma, Ohio, Michigan, Indiana, Illinois, Wisconsin, Minnesota.

(c) Must have a diploma and pass an examination or must have had five years' practice in a state that interchanges with Iowa.

(d) The Board favors reciprocity and I think the profession, in general.

Secretary, E. D. Brower, Le Mars, Ia.

KANSAS.

(a) Yes.

(b) District of Columbia, Iowa, Illinois and Minnesota.

(c) By passing the required examination, unless coming duly endorsed from one of the states enumerated above. With District of Columbia and Iowa we have absolute reciprocity; and with Minnesota and Illinois the candidate would be required to pass a practical examination.

(d) Favor reciprocity.

Secretary, F. O. Hetrick, Ottawa, Kan.

KENTUCKY.

(a) No.

(b) None.

(c) Satisfactory examination by the Board.

(d) Favorable.

Secretary, J. H. Baldwin, 305 Broadway, Louisville, Ky.

LOUISIANA.

(a) Yes.

(b) None as yet.

(c) By passing our State Board.

(d) Appear to favor it.

Secretary, V. K. Irion, New Orleans, La.

MAINE.

- (a) No.
- (b) None.
- (c) Only by taking examination.
- (d) Personally I am much in favor of it. One or two other members are somewhat favorably disposed, but the Board as a whole has always voted against it.

Secretary, Dana W. Fellows, Portland, Me.

MARYLAND.

- (a) We have a discretionary clause which may be used in the cases of old practitioners of undoubted ability and ethical standing.
- (b) No interchange with any other State.
- (c) By passing the usual examination.
- (d) The members of our Board are opposed to it under present existing conditions.

Secretary, F. F. Drew, Baltimore, Md.

MASSACHUSETTS.

- (a) No.
- (b) None.
- (c) By taking our examinations.
- (d) The members of our Board having full powers under our law, do not make it a hardship for any worthy practitioner to comply with our law.

Secretary, G. E. Mitchell, Haverhill, Mass.

MICHIGAN.

- (a) Yes.
- (b) Iowa, Minnesota, Montana, Wisconsin, Illinois, Ohio, Indiana, Pennsylvania, and New Jersey.
- (c) Only by passing Board.
- (d) Favorable.

Secretary, A. B. Robinson, Grand Rapids, Mich.

MINNESOTA.

- (a) Yes.
- (b) Michigan, Indiana, Iowa, Nebraska, Montana, Wisconsin, Kansas.
- (c) If a dentist has practised legally in any of the above states for five (5) years or more he will furnish affidavits as follows:

- (1) From the Board of the state licensed in.
- (2) From two practising dentists of the state.
- (3) From two freeholders at your last residence in the state, certifying to the above facts and your moral character and professional attainments.

Blanks will be furnished by the Board.

Also you will be required to

- (4) Prepare cavity and make one gold filling.
- (5) Prepare cavity and make one amalgam filling.
- (6) Prepare root and make one crown.

A passing grade of 85 per cent. is required before license is issued.

Applicants from other states must present a diploma from a recognized college and then take both, a theoretical and practical examination.

(d) They are in favor of it providing it is according to the *Minnesota Plan*.

The Minnesota plan is to exempt those from states that we have reciprocity agreements with from the theoretical examination, but they have to take the practical examination. That plan is one that we evolved ourselves and where it has been tried out they do not care for any other method.

Secretary, Geo. S. Todd, Lake City, Minn.

MISSISSIPPI.

- (a) No.
- (b) None.
- (c) By passing the required examination.
- (d) Don't want it.

Secretary, L. B. McLaurin, Natchez, Miss.

MISSOURI.

- (a) No.
- (b) None.
- (c) Oral and practical examination.
- (d) Very much divided. Some favor it in unlimited form, some by practical examination alone, many favor the method we use.

Further information gladly furnished any time.

Secretary, S. C. A. Ruby, Clinton, Mo.

MONTANA.

- (a) Yes.
- (b) Michigan, Indiana, New Jersey, and Minnesota.
- (c) Full examination if from States we have no interchange with.

Practical examination required in all cases whether exchange or not. Examinations only held once a year. Second Monday in July. Probably no special examination.

(d) We are corresponding with a few other States relative to exchange.

Secretary, D. J. Wait, Helena, Mont.

NEBRASKA.

(a) Yes.

(b) Iowa, New Jersey, Indiana, Minnesota, Montana (and several other states ready to sign up).

(c) Reciprocity and by taking regular examination.

(d) Nebraska Board is strong for reciprocity.

Secretary, H. C. Brock, North Platte, Neb.

NEVADA.

(a) No.

(b) None.

(c) Only by passing the examination given by the Board.

(d) In general, are in favor of reciprocity with all States having a high standard.

Secretary, W. W. Goode, Carson City, Nevada.

NEW HAMPSHIRE.

(a) No.

(b) None.

(c) Only by an examination by the Board of Registration in Dentistry.

(d) Both, I think, are in favor of reciprocity for those who should have that privilege.

Secretary, A. J. Sawyer, Manchester, N. H.

NEW JERSEY.

(a) Yes.

(b) Ohio, Indiana, Nebraska, Iowa, Michigan, Vermont, District of Columbia, Utah, Montana, Tennessee.

(c) By examination or compliance to the strict letter of the following section:

Sec. 6. "Said board shall register as licensed dentists, and, under its seal and the hand of its president and secretary, issue to all persons who shall successfully pass said examination, its license to practise den-

tistry in this state; the board may also, without the examination herein above provided for, issue its license to any applicant therefor who shall furnish proof satisfactory to it that he has been duly licensed after examination to practise dentistry in any state after full compliance with all the requirements of its dental laws; *provided, however*, that his professional education shall not be less than that required in this state; every license so given shall state upon its face the grounds upon which it is granted, and the applicant may be required to furnish his proof upon affidavit; fee for such license shall be twenty-five dollars."

- (d) Favorable.

Secretary, C. A. Meeker, Newark, N. J.

NEW MEXICO.

- (a) No.
(b) None.
(c) By taking the examination and making the required per cent. and must present at the time of examination his diploma from a reputable college.
(d) The sentiment as far as I have heard, is favoring reciprocity.

Secretary, M. J. Moran, Deming, N. M.

NEW YORK.

- (a) Yes.
(b) Pennsylvania and New Jersey.
(c) Can take our practical examination and have our state regents certificate, or, after six years' practice apply to our state regents for certificate to practise under the *six year* clause in our law.
(d) Favorable.

Secretary, A. H. Holmes, Morrisville, N. Y.

NORTH CAROLINA.

- (a) No.
(b) None.
(c) By passing our examination and receiving license which must be registered in county in which he or she practices.

We grant a temporary license upon passing examination before one member of Board—good only until next regular meeting of Board.

- (d) I am inclined to believe that sentiment is in favor of reciprocity. Personally, I am heartily in favor of it.

Secretary, F. L. Hunt, Asheville, N. C.

NORTH DAKOTA.

- (a) No.
- (b) None.
- (c) By examination. No license issued unless applicants pass examination.
- (d) Not in favor, unless we could have it with all the states.

Secretary, H. L. Starling, Fargo, N. D.

OKLAHOMA.

- (a) No.
- (b) None.
- (c) Taking examination.
- (d) Not much in favor of it.

Secretary, A. C. Hixen, Guthrie, Okla.

OHIO.

- (a) Yes.
- (b) New Jersey, District of Columbia, Indiana, Illinois, Michigan, Iowa.
- (c) Five years of continuous, legal and reputable practice in the state from which applicant desires to remove, next prior to making application for license in Ohio. Applicants from or to New Jersey, District of Columbia and Indiana must be members of state or local dental society. Applicants from all states except District of Columbia are required to pass a clinical examination.
- (d) Entirely favorable. The Board is limited by the law to interchange with those states which maintain an equal standard of requirements for license. The law in Ohio exempts none from examination (except by interchange) and only graduates of reputable dental colleges are eligible for examination. Hence our field for the mutual interchange of licenses is limited.

Secretary, F. R. Chapman, Schultz Bldg., Columbus, Ohio.

OREGON.

- (a) No.
- (b) None.
- (c) By taking the examination.
- (d) The members of the Board and profession are very much in favor of reciprocity. But will have to amend the law.

The new features of our present law are raising the fee from \$10.00 to \$25.00 and a yearly fee of \$1.50.

Secretary, H. H. Olinger, Salem, Ore.

PENNSYLVANIA.

- (a) Yes.
- (b) New York and Michigan.
- (c) By having satisfactory credentials and satisfying the Board of his ability by an oral examination, principally on practical subjects.
- (d) The Board is almost an entirely new one but I think they will all favor reciprocity in a carefully guarded way.

Secretary, G. W. Klump, Williamsport, Pa.

RHODE ISLAND.

- (a) No.
- (b) None.
- (c) By coming before the Board for examination.
- (d) Theoretically, all feel that it is desirable; practically, most of us feel that it is difficult to attain.

Secretary, Harry L. Grant, Providence, R. I.

SOUTH CAROLINA.

- (a) No.
- (b) None.
- (c) By appearing before Board at annual meetings of Board and proving himself a worthy ethical practitioner and a graduate of a reputable dental college.
- (d) We have three new members on the S. C. Board whose views of reciprocity I do not know. The other two would not favor a plan to encourage "tramp dentists" but would welcome high-toned ethical dentists to our state. Cannot speak for the entire profession.

Secretary, B. Rutledge, Florence, S. C.

SOUTH DAKOTA.

- (a) No.
- (b) None.
- (c) By examination in practical and theoretical dentistry only.
- (d) It seems to be against exchange with middle and eastern states but is more favorable to western states.

Secretary, G. W. Collins, Vermilion, S. D.

TENNESSEE.

- (a) Yes.
- (b) New Jersey and Iowa,

(c) Presentation of diploma from a reputable dental college, and examination in all branches taught in dental colleges.

(d) Favorable.

Secretary, F. A. Shotwell, Rogersville, Tenn.

TEXAS.

(a) No.

(b) None.

(c) The same as any other applicant. An examination one-half in theoretical, one-half practical work, giving the student and old practitioner an equal chance.

(d) The Texas Board is unanimously *opposed* to reciprocity.

The profession in Texas is largely *against* reciprocity, from 75 to 90 per cent. *against* reciprocity.

Secretary, Bush Jones, Dallas, Texas.

UTAH.

(a) Yes.

(b) New Jersey and Idaho.

(c) Regular unless from the above states. We allow credits for five or more years' practice.

(d) Not very favorable on account of great number coming this way and none going east. It's a case of all coming in and none going out.

Secretary, A. C. Wherry, Salt Lake City, Utah.

VERMONT.

(a) Yes.

(b) With New Jersey and Iowa.

(c) Applicants from any state except New Jersey and Iowa must pass the regular examination.

(d) No reply.

Secretary, J. H. Jackson, Burlington, Vt.

VIRGINIA.

(a) No.

(b) None.

(c) By standing the State Board examinations.

(d) Favorable, and we wish very much that it could be brought about.

Secretary, J. P. Stiff, Fredericksburg, Va.

WASHINGTON.

- (a) No.
- (b) None.
- (c) Only by taking the examination required by the Board of Examiners. The examinations are in theory, operative and prosthetic dentistry.
- (d) Cannot say, as no action has been taken on this important topic to my knowledge.

Secretary, W. B. Power, Seattle, Wash.

WEST VIRGINIA.

- (a) Yes.
- (b) Have no arrangements as yet with any states.
- (c) Until such arrangements are made they would have to take the regular examination.
- (d) We do not at the present time think it would be of any benefit to our state, but we had it embodied in our law, so that we could put it in operation at any time we thought it prudent to do so.

Secretary, J. F. Butts, Charleston, W. Va.

WISCONSIN.

- (a) Yes.
- (b) New Jersey, Illinois, Michigan and Minnesota.
- (c) By passing the required examination.
- (d) We are all in favor of reciprocity.

Secretary, C. S. McIndoe, Rhinelander, Wis.

WYOMING.

- (a) Yes; but we do not recognize it.
- (b) None.
- (c) By an examination before the Board.

Resolved, that after all papers are impartially graded, not considering the individual but considering only the worth of his papers and practical work, that five points credit be given for every five years of honorable, ethical, legal practice of dentistry, and one point for each succeeding year of honorable practice thereafter.

Any one wishing to avail themselves of this credit must come with a recommendation from their State Board and State Society.

- (d) The Board members are not in favor of reciprocity, and as for the rest of the profession of the state I cannot say.

Secretary, Peter Appel, Jr., Cheyenne, Wyo.

—*The Dental Summary.*

TAKE CARE OF YOUR TEETH

Everywhere the matter of popular dental education is coming to the front. We are coming to a realization of our public duty and are feeling our way toward correct methods for its discharge. The following digests, reproduced from *The Dental Brief*, show how various communities view our new departure.

Wherever you live, in city or hamlet, similar conditions exist. Ninety-five out of every hundred school children who troop past your door need dental services. And you and your confrères should render it.

Get together and begin steps to give it. Don't seek to make personal capital out of this public form of the work. Keep your name out of print in connection with it. Don't seek to get ahead of another dentist in this work, so far as the credit is concerned.

When it comes to giving lectures in the schools it will doubtless be better to have some dentist from outside your own community do it. In that way all charges of self-seeking will be avoided. You can do similar work in his community. It is the "changing work" so common among our forefathers, when the country was young and money was scarce.

Here is an opportunity to improve dental conditions in your community. If some dentist practices there whom you regard with scant favor, if he is old or unclean or unethical, invite him to join the movement. Maybe you can do more to convert him by association and friendliness than by avoiding him. Molasses still catches more flies than vinegar.

Get every dentist interested.

Do your share generously.

Keep yourself out of sight and your name out of print.

And you will contribute your effectual mite toward the building of a big, busy, prosperous, noble professional body of dentists.—EDITOR.

AN examination of the mouths of the pupils in four of the schools of Cleveland, Ohio, has revealed the fact that less than five per cent. of them all have teeth which are not defective in some way. Of 2,678 children, whose mouths were examined, cavities were found in 15,061 teeth, and only 109 children had perfect teeth.

The conditions obtaining at Cleveland are probably not unlike those which would be found in most other communities. The importance of taking care of one's teeth can scarcely be overestimated, yet few people awaken to it as early as they should, and by many it is never realized. It has been said that if the digestive organs perform all of their functions properly, one may be reasonably sure of enjoying good health. But without good teeth, good digestion is made almost an impossibility. Many a girl would be homely were it not that her teeth are beautiful. Many a man would be passably good looking had he not allowed his teeth to be stained through lack of care. Strange though it may seem, the farther civilization has advanced the rarer the perfect mouth has become.

Many persons think that they are taking care of their teeth when they visit the dentist once or twice a year and to have him make any necessary repairs. Their surmise is far from the truth. No one can take care of one's teeth except one's self, and the only way to do it is by keeping one's mouth clean. The teeth ought not to be brushed too much at any one time, but they ought to be cleaned when one is done eating, and, most important of all, immediately before one retires for the night. If this be done, the visits to the dentist, while it is advisable that they be continued, will cease to be a terror, either financially or physically.—*Chester (S. C.) Lantern.*

WHAT A DENTIST IS DOING

PRINCETON, Ind., has within its walls a live dentist. This live man has organized the dentists of the city and has instituted, without expense to the people, the important work of inspecting teeth of school children. At the Lowell building the other day the teeth of sixty-eight school children were examined and of that number only seventeen had sound teeth. The teeth of the remaining fifty-one were decayed more or less, and they will be repaired. The teachers are showing great interest in the work and instructions are being given to the children for the care of their teeth. The parents of the pupils, too, have begun to see the importance of the work, and whereas the dentists in the beginning were laughed at and the spitters on the corner joked about them, now they are being praised.—*Warsaw Times.*

TALKS ON TEETH

PATRIOTIC DENTISTS TO LECTURE IN PUBLIC SCHOOL SERIES

DR. WILLIAM ERNEST WALKER, chairman of the committee on oral hygiene in the public schools, said last night:

“Having, at the request of the Louisiana State Dental Society, appointed a committee for the conduction of an oral hygiene illustrated lecture campaign for the Second Congressional District, I desire to call the attention of the public to the fact that the lectures will begin to-night. It is intended that the lectures should give information concerning the anatomy, growth, care and function of the mouth, explaining how easy it is to prevent the common diseases of the teeth and gums and jaws, and to give such instructions as will, if they are carried out, eliminate nine-tenths of the attention required at the hands of the dentists and orthodontists, and in that way alone save the public of New Orleans hundreds of thousands of dollars annually; to say nothing of the great

improvement that will result in the health of the community from healthy mouths, enabling thorough mastication, which is the key that unlocks and turns loose the nutriment of our food, as can be accomplished by no other means, and which also takes half of the burden off of the rest of the digestive system. It is believed that these lectures will be an important part in the general campaign against tuberculosis, not only by improving nutrition and thus increasing the power of resistance of the entire system, which is of most importance in tuberculosis, but also by lessening the chances of infection of the tonsils, and the general system, by reducing to a minimum the number of bacteria in the mouth, for it has been abundantly demonstrated, not only that decay of the teeth and disease of the gums can be prevented, but that the chances of contracting systemic diseases, especially tuberculosis, are greatly increased when the mouth is allowed to become a hotbed for the cultivation of all germs which enter it, from whence they are distributed to the entire system and the atmosphere by coughing, sneezing or expectorating, thus doing an injustice to one's fellow-men.

"Two lectures have been prepared entirely different from one another, and it is advised that those who have an opportunity should hear both, as they each contain matter and illustrations which the other does not.

"The first, as far as the public schools are concerned, will be delivered by Dr. Charles Shepard Tuller at the A. J. Maybin School, on Coliseum and St. Mary streets, this evening. The School Board does not object to anyone interested coming from other sections of the city to attend the lectures. The same remarks apply to the second lecture, which will be delivered by Dr. Wm. Ernest Walker at the Washington School, No. 3226 Chartres street, on Friday, Dec. 10. While the lectures will be instructive to all, it is especially desirable that they should be heard by mothers, that they may early start their children in the right way. The lectures will be profusely illustrated with lantern slides. It is desired that the profession, and many physicians as well as all others interested in oral hygiene, will attend at least these first two lectures."—*New Orleans Picayune*, Dec. 3, 1909.

DENTAL HYGIENE

A COMMITTEE from the Houghton County (Mich.) Dental Association met with the executive committee of the Houghton County Anti-Tuberculosis Society, Monday, Nov. 29, and discussed dental hygiene and its real significance. The dental association has offered its services gratis to examine the teeth of some of the pupils of the Hancock schools

with a view to learning the proportion of good and bad teeth in the schools.

Dental hygiene is the practical application of dental science to the individual, the home and the school. A realization of its importance is needed. Everybody should know that the general health of the individual and of the community depends largely upon the condition of the mouth and teeth; that the highest efficiency and happiness in life cannot be gained when the gateway to the body is neglected.

The care of the teeth is an important factor in the care of the child. The mental and physical efficiency of school children can be greatly aided by the proper care of the mouth and teeth. This is fully attested by experiments in Germany which cover a wide field. There dental infirmaries connected with the schools have been in operation for a sufficient length of time to demonstrate:

First—That the time expended in putting the teeth in order was far less than the time formerly lost from toothache and disability caused by diseased teeth.

Second—That the cost of keeping the teeth in order was more than compensated for by better health and a consequent reduction in medical expenses.

Third—That the child became physically stronger, secured a higher average in his studies, was easier to control and was apparently happier.

A clean mouth and clean teeth furnish one of the best protections against disease. A child forced to swallow the discharges from an unclean mouth, and having nutrition interfered with by his inability to chew his food, is unable to resist disease.

The condition of the teeth is a tell-tale as to diet. They are the guards which stand at the gateway to the body, ready to divide the food into manageable portions, to bring peace of mind and healthy bodily activity. No greater kill-joy exists than dyspepsia, no more vicious a menace to life and efficiency obtains than a disordered condition of the process of nutrition.

Cancer of the stomach is notoriously a disease of gross feeders. Eighty per cent. of the cancers of the stomach arise from bolted food. If an ounce of prevention is ever worth a pound of cure it is in keeping the teeth in good condition.

The problem of dental hygiene is not altogether one of benevolence. It is in large measure a problem of economics. Health is needed for great industrial production. Every case of disease involves an immediate economic loss to the community in which such events occur. There is coming a great change in the practice of medicine, surgery and

dentistry and a much greater proportion of the attention of these professions is hereafter to be devoted to prevention rather than cure.

Dental hygiene is an important part of a broad, a universal movement for better care of the public health through a more complete knowledge of the conditions that promote health. To no group of men and women is given a larger opportunity to render real human service than falls to the dentist and dental nurse. Through the practice of their knowledge and their service life can be made more effective, more useful and fuller. It can be lengthened in years; it can be given more enjoyment and pleasures, and some of the obstacles which prevent clean living can be leveled.—*Calumet (Mich.) News.*

SCHOOL CHILDREN AND DENTISTRY

THE intimate connection between the teeth and the general health is a point that has never been sufficiently impressed upon the masses of the people. In Germany—in all such matters one is forever referring to German example—even the insurance companies find it to their financial advantage to care for the teeth of their policyholders, for they understand that sound teeth reduce the general amount of sickness and increase the chances of longevity. The movement toward dental inspection in public schools, which has already become a familiar fact in some of our more progressive cities and towns, is really an educational process of great importance, considered merely as a method of instruction for the child and as a warning to the parents at home.—*Hastings (Mich.) Herald.*

DENTISTS WILL AID CHILDREN

THAT the El Paso County Odontological Society will coöperate with the teachers of the public schools in the care of the children's teeth was the announcement made by Dr. Henry B. Hayden in an address at the high school before the city teachers. It is also probable that a free clinic will be established.

It is the intention to assign a chart to each child. On this chart will be placed the exact condition of his teeth. Competent dentists will make the examinations free of charge.

The charts will be sent to the child's parents by his teacher. By the state law, the parent will be compelled to see that the child receives the necessary treatment.

A free clinic will probably be established, as some of the parents

may be too poor to incur the expense of treatment. Each member of the Odontological Society has agreed to give one-half day a month to the service of a free clinic. Admission to this clinic will be given on the recommendation of a teacher, after it has received the "O.K." of the Associated Charities board.

The movement is one of the greatest importance, as statistics gathered in a number of large cities prove that more than 75 per cent. of the children of the public schools have bad teeth.—*Colorado Springs Telegraph.*

CARE OF CHILDREN'S TEETH

It is needless to say that a person with bad teeth suffers a severe handicap in life, but the profession of dentistry has made such an advance that it is possible to make good almost all the defects of nature, and in the great majority of cases the fault is one of neglect. Many parents, by their carelessness in failing to observe simple rules and to have even occasional examination made by a dentist, are putting their children at a great disadvantage. Examinations of school children show that a very small percentage of parents make an effort to see that their children's teeth are cared for.

For the present, the system of dental inspection in various cities will cost the pupils nothing and the city nothing. Eventually it is probable that dental inspectors will have to be provided by the city, just as medical inspectors are now and the public can well afford to pay for that when the time comes. Meanwhile the dentists of many cities are willing to volunteer their services in the interest of the cause, and the cities could hardly do less than accept their offer.—*Waterloo (Ind.) Press.*

DENTISTRY IN THE PUBLIC SCHOOLS

THE necessity for early care of the teeth becomes more and more apparent to the public as the good effects of modern improvements in sanitation and better conditions of life make themselves felt throughout the civilized world. Yet three-fourths of the highly intelligent, well educated people look upon the teeth as structures which are more or less able to take care of themselves, even in adult life, and they receive with surprise and even incredulity the suggestion that the teeth of children should be carefully cleaned and attended to.

It is not necessary to dwell upon the relation of the oral tissues of bacteria. However, nature does all she can to prevent the entrance of these bacteria into the system, and if in the struggle for existence, the natural defenses of the body, such as germicidal substances in the blood, fail to perform their duty, whether from fatigue, disease or debility, the tissues fall a prey to the invaders and disease results—the bacteria are for the time masters of the situation.

The occasional failure of these natural policemen of the body to afford protection makes it necessary for us to assist by artificial defense. The keynote of prevention lies in hygiene and prophylaxis.

Every substance that enters the body through the alimentary canal must first pass through the mouth. If the food is loaded with poisons, as always must be the case when the teeth are not properly cared for, disease is almost certain to follow sooner or later.—*Cambridge (Mass.) Times.*

THE CARE OF THE TEETH

A CONVENTION of dentists held in London recently interpreted as being a danger to the future of England the condition of the teeth of the English people and in a larger sense threatened the future of civilization. If the dentists will not talk teeth and scare people into looking after them, who will? But in this case the warning is warranted and timely.

In the United States the wage-earners are beginning to take better care of their teeth, and the frequency of the gold front tooth and false teeth are the first things that most forcibly strike a foreign visitor. Our showy gold teeth and ill-fitting sets of false teeth are positively beautiful when compared with the sights to be seen in a Saturday afternoon promenade along the Strand, or the Old Kent road, in London, and when the wage-earner population are out *en fête*, with their wives and children and best girls. Every second mouth has one or more teeth missing and the blackened and decaying stumps bear pathetic evidence of a lack of care in this regard.—*Montreal (Canada) Pharmaceutical Gazette.*

TEETH AND TUBERCULOSIS

IN this year's Harvard summer school session several instructive evening lectures were given by men well informed in relation to caring for children quite outside of text-book matters. Prof. Potter, who is a teacher in the Harvard Dental School, gave to the summer students

several valuable talks on the care of children's teeth. He said that, as in other branches of medicine, prevention was often more valuable than cure. His examples of this sort of prevention were taken from the experiences of doctors and teachers in the public schools of Brookline, where every pupil undergoes a dental examination, which is followed up by other inspections and reports as to the interest and care which the child receives from its parents.

"From our dental examinations in Brookline schools," he said, "we have gained valuable data, and we believe that the children and the community have been benefited by the enforced care of the pupils' teeth. In general, such enforced care leads to better teeth and as a result better physical health and better mental power. Moreover, care of the teeth in people of all ages helps to put a stop to tuberculosis. We found among the children even of such a town as Brookline, that decay was very prevalent; that while many of the children had dental care of some sort it was not always scientific; in many cases no thought ^{of} such care seemed to exist in the minds of the parents. After the first examination of a child's teeth we notified the parents or guardian of our finding, suggesting that the child be taken to a practitioner, or, if conditions did not allow that, we saw that the patient was sent to either the Harvard Dental School or to the infirmary of the Tufts College Dental School."—*Louisville (Ky.) Herald.*

INFECTIOUS DISEASES, ORAL HYGIENE AND DENTAL INSPECTION

THE importance of the relations between oral hygiene and infectious diseases, especially tuberculosis, was the subject of a communication by two Boston men, Dr. W. H. Woodbury and Walter E. Kreusi, to the recent International Dental Congress in Berlin. It was in effect a symposium of the views of the executives of anti-tuberculosis associations all over the United States on the subject, an expression that has not hitherto been so given. It presents, therefore, the most comprehensive story of conditions in this country that has yet been brought together. "The campaign against teeth as a part of the war on consumption," writes Mr. Kreusi, "was taken up in October, 1907, when as secretary of the Boston Association for the Control and Relief of Tuberculosis I began a struggle with the more conservative members of its executive committee and won the privilege of stating in the annual report of the association that the addition of school dental clinics to our present school medical and nursing work would be a rational measure towards completing the health supervision now generally recognized as belonging

to our educational system." Previous to this time the subject had not been broached as of importance among the preventive measures against tuberculosis. The municipalities of Brookline and Malden had begun their admirable general oral examinations of school children, New York had permitted a private test examination of one per cent. of the school children, and one or two minor steps had been taken. Since that time, and since attention has been brought to the matter by Dr. Woodbury's paper at the Washington International Congress, other organizations have taken up the work. The two gentlemen, collaborators in this paper, sent out letters to the many associations of the country for the purpose of determining how important oral hygiene as against tuberculosis might be considered in each place and to get a summary of work accomplished. Definite information was requested on a number of items, public instruction in the schools in the care of the teeth, dental examinations of public school children, provisions for free or reduced-fee dental work and the examination for and care of adenoids and other abnormal oral conditions.

The replies to the question show the strength and seriousness of the movement. New York City has already entered into the inspections with a vigor that will demand large appropriations to maintain, some of the details of which were noted in *The Clinic* in August last. Similarly, Brookline, which has a death-rate from tuberculosis of only 7.24 in the ten thousand of population, has already been considered in this department. It began a systematic dental examination of the children in 1908, and since that time has included all of them—four thousand in number. A small clinic has been established for the benefit of the schools by Dr. W. H. Potter and two local dentists. Dr. H. Lincoln Chase, health officer, thus writes: "As a medical man I am fully convinced of the great value of dental and oral hygiene as indispensable to the promotion of health and the prevention of malnutrition and its inevitable and serious consequences."

Brookline has regular examinations by a corps of dental inspectors employed by the town, and in addition there are efficient courses of instruction in hygiene in the classes. For the children who need it, free dental work or at reduced cost is provided. Adenoids and tonsils are examined. Boston has done a good deal of sporadic work through the schools, but not yet in all the schools. There are provisions for free and reduced-cost work. Cambridge gives instructions through leaflets, has dental examinations by the school physicians with repair work at cost by dental school clinics. Adenoids and tonsillar growths are cared for at weekly clinics for children of tuberculosis families.—*Boston Transcript*, Nov. 24, 1909.

EDITORIAL

"Though I speak with the tongues of men and of angels and have not charity, I am become as sounding brass or a tinkling cymbal."

OUR POISON SQUAD

THE United States Government is said to have maintained at Washington a number of men to whom drugs injurious to health were fed for purposes of experimentation. They were mature men in good physical condition and were particularly well cared for during the time of the experiments. At a definite time the administration of poisons stopped.

We have our poison squad. It is much more numerous than that referred to above. It is not so well organized, nor do its members receive one-hundredth of that care which was lavished upon these men at Washington. Many of its members die annually, but there are always new ones to replace those who die. And if they die—well, they are not of our flesh and blood, and it is part of the game as we force them to play it.

Our poison squad is not recruited from among able-bodied men; nor do its members serve knowingly and for reward. They are the children of our nation, more especially the children of poor families. No one knows the exact number. But they are legion.

We do not even administer the poisons intelligently. If each child were well bathed and warmed and fed daily and then given a dose of poison carefully graduated to the resisting power, little harm would be done. Our method is much simpler. We do not bother to bathe or warm or feed them, because our eyes are not open to see that our own children join this squad daily during school hours, and because we do not see clearly the terrible price which we *may* pay for our child's presence among the poison victims.

We simply neglect the members of this poison squad. Some have food and some have none, some are warm and some are cold—but that is their lookout; we are busy.

We do not even select the poisons for administration. There are poisons so powerful that beside them the poisons commonly known are weak. There are others so powerful that no one knows their strength. They are the results of bacterial action and their strength cannot well be measured because the human frame stands but feebly against them, and few indeed are they who would willingly be the subjects for experimentation with them. *Yet these poisons are the daily diet of many members of our poison squad.*

The method of administering these poisons is simple but wondrously effective. As the disease-breeding bacteria which produce them are everywhere present, we are at no pains or expense to administer them. And as most of these bacteria willingly make their homes in the human mouth till such time as opportunity offers to attack the body, the matter is very simple. The children, our children, have only to open their mouths in school or any other place where the stir of many feet keeps the dust circulating, to take in millions of germs including, sometimes, a choice collection of disease producers, diphtheria, scarlet fever, pneumonia, tuberculosis, tetanus and others.

The uncared-for mouth is to these germs an apartment house with many virtues. It is always warm, softly lighted at times, has a constant supply of running water and meals are served often and in ample quantities. The spaces between the teeth and cavities in the teeth are veritable bacteria hotels. Here they and their descendants for many generations may dwell unmolested and from here they may send forth their products—poisons so powerful that only under favorable conditions can the wonderful mechanism of the human body stand against them. In many mouths such collections of bacteria are the rule rather than the exception.

Of the terrible price that is paid for the maintenance of our poison squad we are but now beginning to make reckoning. And terrible as is that part of the cost which we know, that which we have not measured and which no man can know is much greater.

We know something about the toll in death. But death is not definite or terrible when it comes not near to us. When its cold hand breaks through the barriers which our feeble strength imposes and tears from us one whom we love, death is not a subject for speculation or indifference. I know, for the winter snow that blows past the window as I write, drifts on the little mound over a form I loved. And no change of time or place or fortune can wholly fill the space that cold hand made. She died because we did not know more, but, thank God, it was not dental ignorance.

These children of parents who do not know are equally dear to them. And when the full toll for membership in our poison squad is paid, when the little form so cold and pale is hidden from sight and the parents return to the broken home with the sound of the clods in their ears, the loss to them and the community is quite as great as when your child or mine passes from its accustomed place.

But of that constant economic toll which the living pay, reckoning cannot be easily made. The spread of tuberculosis and other dreaded diseases and the lowered efficiency of multitudes of workers, are mat-

ters more difficult to record. Heart, brain and nerve lesions following the intake of such poisons produce twisted bodies and sometimes twisted minds. Such people find places in public life and often arise to positions of influence. The toll we and ours pay for the twisted influence of these twisted minds is serious indeed.* Not by accident have we called these children *our poison squad*. They are not all ours by birth, but they are ours none the less, and did the public realize now what it will some day fully know, the penalty for maintaining this squad would be heaped upon us in full measure of well-deserved odium.

For unto us has been given knowledge of these things and the power to remedy them. And knowledge and power carry with them the moral responsibility to serve those in need.

No other profession is so directly responsible as ours for the care of the mouth. And only when the mouths of our school children are cared for, when these bacterial hotels are cleansed and repaired and our poison squad is no more, shall we measure up to that professional stature which we covet without yet deserving.

It is pathetic how eagerly some among us seek the patronage of the medical profession. Any reference to us as specialists in medicine is eagerly applauded, much as my dog, having had one piece of candy, beams and wriggles and fawns that it may get more. Brethren, we cannot and need not tease recognition from the physicians. We can command it. For the average practitioner of medicine is not more competent than the average dentist. And until physicians and surgeons, great and small, learn to look back from the body to the mouth, they will rank as low as do we when we fail to look forward from the mouth to the body. We need only to lengthen our view and adjust our practice to it, to receive that generously accorded recognition for which we now coax. Indeed, the medicine of the future will be much more largely the medicine of the mouth, and in the race for its perfection, our position is now favorable.

But we are prisoners at present, incapable of exerting our full powers. The ankles and wrists of the profession bear the ball and chain of petty jealousy. Deep within each of us is the consciousness that something should be done, but we do not know what, and there is a paralyzing fear within us lest another should spy it first and beat us to it. Great movements now afoot to profit all are hindered by this spirit. Men whom we shall willingly applaud as great when they are safely dead so that no praise can warm their hearts or fill their purses (though they freely give now of time and money and strength) are

* W. A. Evans, M.D., Health Commissioner of Chicago, in an address at the G. V. Black dinner, Chicago, January 29, 1910. Published in the *Dental Review* for March.

held back because, if their names are mentioned in connection with their public services, their co-workers will fall away like the fragments of a cut glass bowl which, when struck, often shatters along every mark of the wheel.

Cannot we break free from this ball and chain of petty jealousy? Is there not largeness enough in our souls to aid another forward in paths whose toil we are unwilling or unable to support? If we must fawn before the medical profession, seeking recognition without seeking to deserve it, cannot we imitate some of the virtue of that noble profession and give public credit to those who seek to serve the public without hope of fee or reward?

Meantime, our poison squad stands as the terrible indictment of our public inefficiency. And every twisted or lost life that we might save is a sentence in that professional judgment which with perfect justice might be pronounced against us.

Let us broaden our minds. If we will serve in but small measure let us not withhold credit from those who serve in larger measure. Not until our fetters of jealousy fall away can there be accomplished any appreciable portion of what we should have long since done.

The needs of our poison squad are too great for any of us, but not too great for *all* of us. Let us join hands with our leaders, giving them support and credit. Neither our profession, nor ourselves, nor our reputations, nor our purses shall suffer thereby.

Long ago there walked the earth One who brought new views of life and who so taught those views that life is being made over. He gave us the only authentic picture of that tribunal before which each soul must some time stand. And he outlined the basis on which each soul might enter into rest. No question of wealth, or ability or nationality, or even of belief is hinted at. It is wholly a question of service to those in need. The salient passage of condemnation reads as follows:

“Depart from me . . . for I was hungered and ye gave me no meat; I was thirsty and ye gave me no drink; I was naked and ye clothed me not; sick and in prison and ye visited me not.” Then shall they answer him saying, “Lord, when saw we Thee and did not minister unto Thee?” Then shall He answer them saying,—“Inasmuch as ye did it not unto one of the least of these, ye did it not unto me.”

IT is only by labor that thought can be made healthy, and only by thought that labor can be made happy.—RUSKIN.

SOCIETY AND OTHER NOTES

Officers of Societies are invited to make announcements here of meetings and other events of interest.

ARIZONA.

There will be a meeting of the Arizona Board of Dental Examiners on the 18th, 19th, 20th, 21st day of April at Tucson, Arizona. Candidates should have their application, and fee of \$25.00 should accompany same, at least twenty days before meeting.—W. A. BAKER, D.D.S., *Secretary and Treasurer*.

CALIFORNIA.

The Thirty-Seventh Annual Meeting of the California State Dental Association will be held in San Francisco, June 22, 23, 24, 25, 1910.—C. E. POST, *Secretary*. The Thirteenth Annual Meeting of the Southern California Dental Association will convene June 16, 17 and 18, 1910, at the College of Dentistry, University of Southern California, Fifth and Wall Streets, Los Angeles.—B. FRANK GRAY, *Chairman Publicity Committee*.

ILLINOIS.

The Forty-sixth Annual Meeting of the Illinois State Dental Society will be held in Springfield, May 17, 18, 19, 20, 1910.—J. F. F. WALTZ, *Secretary*, Decatur, Ill.

INDIANA.

The Fifty-second Annual Meeting of the Indiana State Dental Association will be held in Indianapolis, May 17, 18, 19, 1910, at the Claypool Hotel. This promises to be a great meeting.—OTTO V. KING, *Secretary*, Huntingdon. The Eastern Indiana Dental Association will hold its thirty-ninth annual meeting at Cambridge City, Ind., on April 12 and 13, 1910.—A. N. MARTIN, *Secretary*.

IOWA.

The Forty-eighth Annual Meeting of the Iowa State Dental Society will be held at Des Moines, May 3, 4, and 5, in the spacious new Colosseum, and arrangements are being made for an unusually large Dental Exhibit.—C. M. KENNEDY, *Superintendent Exhibits*.

KENTUCKY.

The Forty-first Annual Meeting of the Kentucky State Dental Association will be held in Louisville, Ky., May 26, 27, 28, 1910.

An unusually interesting and profitable program is being arranged for this year, and a cordial invitation is extended to all ethical members of the profession.—W. M. RANDALL, *Secretary*, cor. Brook and Broadway, Louisville, Ky.

LOUISIANA.

The Thirty-second Annual Meeting of the Louisiana State Dental Society will take place May 9, 10, 11, 1910, at Grunewald Hotel, New Orleans, La.—J. A. GORMAN, *Chairman*.

OHIO.

The Fifty-third Annual Meeting of the Northern Ohio Dental Association will be held in Toledo, at Hotel Secor, June 7, 8, 9, 1910.—G. F. WOODBURY, *Chairman of Executive Committee*.

PENNSYLVANIA.

The Thirty-fifth Annual Meeting of the Lebanon Valley Dental Association will be held in Redman's Hall, Reading, Pa., May 10 and 11, 1910.—CLARENCE B. GRIM, D.D.S., *Chairman of Executive Committee.*

The Forty-seventh Annual Meeting of the Lake Erie Dental Association will be held at Hotel Rider, Cambridge Springs, Pa., May 17, 18, 19, 1910.—V. H. MCALPIN, *Secretary.*

The annual meeting of the Susquehanna Dental Association of Pennsylvania will convene at the Oneonta Hotel, Harvey's Lake, May 24th, 25th and 26th. An excellent program of papers and clinics is being prepared. Among those who will participate are Drs. V. H. Jackson, New York; E. C. Kirk, Louis Jack, E. T. Darby, H. C. Register, J. G. Lane, Philadelphia, Pa., and C. S. Van Horn, Bloomsburg.

TEXAS.

The Annual Meeting of the Texas State Dental Association will be held at Houston, Texas, May 3, 1910. On May 4th, 5th and 6th the Association will hold a joint meeting with the Southern Branch of the National Dental Association at the same place. The profession is cordially invited to visit Texas on this occasion.—J. G. FIFE, *Secretary*, Dallas, Texas.

WASHINGTON.

The next meeting of the Washington State Board of Dental Examiners will be held at Seattle, May 26, 1910.—WM. B. POWER, D.D.S., *Secretary.*

WEST VIRGINIA.

The West Virginia State Dental Examination will be held at Wheeling, W. Virginia, on June 8, 9 and 10, 1910. Applicants for examination must file their applications accompanied by the fee.—J. FLEETWOOD BUTTS, *Secretary.*

WISCONSIN.

The Sixteenth Annual Meeting of the Southern Wisconsin Dental Association will be held at Jonashville, Wis., June 2 and 3, 1910.—C. W. CALLOER, *Secretary.*

CANADA.

Canadian Dental Association and Ontario Dental Society combined convention, Toronto, Canada, May 31, June 1, 2, and 3, 1910.

The Dental Society of Western Canada will hold their annual convention at Winnipeg, Manitoba, on April 18 and 19, 1910.—D. E. ROSS, D.D.S., *Chairman of Executive Committee, Psi Omega Alumni Fraternity.*

CORRECTION.—In "Brother Bill's Letters," March DENTAL DIGEST, page 188, third paragraph, fourth line, the sentence reading "That was one year ago" should read "That was long years ago."